

LI 7000150927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

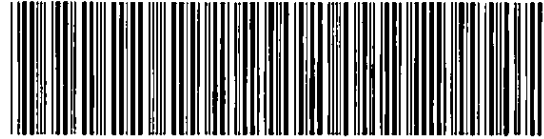
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JUL 13 2017



700301189327

17
2011
08



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 13, 2017

Account#: I20000000088

Name: MICHELLE WALKER

Reference #: _____

Entity Name: SMARTLIFE INSURANCE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

PLEASE RETURN A COPY OF THIS COVER SHEET WITH FILED EVIDENCE

Authorized Amount: \$ 125

**Please call Michelle at 518-213-0737 if authorized amount is not enough. Thanks!!

Signature: Michelle Walker

📍CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

📍EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NO 401072
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

📍ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SMARTLIFE INSURANCE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

RICHARD BROOKS
Name of Person

ST. AUGUSTINE LAW GROUP, PA
Firm/Company

320 HIGH TIDE DR. STE 101
Address

ST. AUGUSTINE, FL 32080
City/State and Zip Code

rich@staugustinelawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
---------------------	--	--	--

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DAVID WILSON

10850 SOUTH US1 ROOM #140

PORT ST. LUCIE, FL 34952

JOSEPH CHERRY

10850 SOUTH US1 ROOM #140

PORT ST. LUCIE, FL 34952

MGR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ David Wilson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

11/11/11