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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:July 13, 2017	
Name: MICHELLE WALKER	
Reference #:	
Entity Name: SMARTLIFE INSURANCE, LLC	
✓ Articles of Incorporation/Authorization to Transact Business	
☐ Amendment	17.
Change of Agent	•
Reinstatement	
Conversion	
☐ Merger	- :
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
PLEASE RETURN A COPY OF THIS COVER SHEET WITH FILE	D EVIDENCE
Authorized Amount: + 125 "Please call Michelle at 518-21 enough. Thanks!!	3-0737 if authorized amount is not
Signature: Michelle Walker	

€ CORPORATE HQ

COGENCY GLOBAL INC. 10 E 40 - \$7, 10 TFL NY, NY 10016 800.221.0102 -1.212.947.7200 **©EUROPEAN HQ**

COGENCY GLOBAL (UK) LIMITED REGISTERED RESISTERED RESISTER VALUED AND A WALES REGISTER VALUED AND A WALES REGISTER VALUED AND A WALES AND A WALE AND A WALE

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COGENCY GLOBAL (HK) HIMITED A HONG KOLGT WITD COMPANY INFINITUS PLAZA, 12" FL 199 DES VOEUX RD CENTRAL HONG KONG *852.3975.1803



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COVER LETTER

ro:	New Filing Sect Division of Cor				
21 (D 1E	·CT·	SMARTLIFE	INSURANCE, LLC		
SUBJE	ССТ:	Name of Limit	ed Liability Company		
		Organization and fee(s) are s			
Plcase	return all correspo	ondence concerning this matt	er to the following:		
		RIC	CHARD BROOKS		
			Name of Person		
		ST. AUGU	STINE LAW GROUP, F	PA	
			Firm/Company		
		320 HI	GH TIDE DR. STE 101		
		020 1111	Address		
		ST A	UGUSTINE, FL 32080		-
			ty/State and Zip Code		
			augustinelawgroup.com		
		E-mail address: (to be used	for future annual report not	ification)	
For fur	ther information c	oncerning this matter, please	call:		
		at (
	Na	me of Person Ar	rea Code Daytime Tel	ephone Number	
Enclo	nsed is a check for	the following amount:			
	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of S	tatus &
	<u>Mai</u>	ling Address	Street Address	!	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SMARTLIFE INSI		
(Must contain t	he words "Limited Liability	Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of t	ne Limited Liabi	lity Company is:
<u>Principal O</u>	Office Address:		Mailing Address:
10850 SOUTH U	JS1 ROOM#140		10850 SOUTH US1 ROOM #140
10000 000			
ARTICLE III - Registered Agent,	anot serve as its own registe	tered Agent's S red Agent. You t	ignature: nust designate an individual
ARTICLE III - Registered Agent, The Limited Liability Company car another business entity with an activ	Registered Office, & Registernot serve as its own Register ve Florida registration.)	red Agent. 100 i	ignature:
ARTICLE III - Registered Agent,	Registered Office, & Registernot serve as its own Register ve Florida registration.) tress of the registered agent a	red Agent. 100 i	ignature:
ARTICLE III - Registered Agent, The Limited Liability Company car another business entity with an activ	Registered Office, & Registernot serve as its own Register ve Florida registration.) tress of the registered agent a	re:	ignature:
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ARTICLE III - Registered Agent, The Limited Liability Company car another business entity with an activ The name and the Florida street add	Registered Office, & Registernot serve as its own Register ve Florida registration.) Tress of the registered agent a cogeno Name	re: Y GLOBAL INC.	ignature: nust designate an individua
ARTICLE III - Registered Agent, The Limited Liability Company car another business entity with an activ The name and the Florida street add	Registered Office, & Registernot serve as its own Register ve Florida registration.) Tress of the registered agent a cogeno Name	re: Y GLOBAL INC.	ignature: nust designate an individua

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

<u>Title:</u>		Name and Address:
"AMBR" = A	uthorized Member	
"MGR" = Ma	nager	
MGR	_ 	DAVID WILSON
		10850 SQUTH US1 ROOM #140
		PORT ST. LUCIE, FL 34952
MGR		JOSEPH CHERRY
	 _	10850 SOUTH US1 ROOM #140
		PORT ST. LUCIE, FL 34952
		
EV: Effective		of filing:
E V: Effective ective date is lost filling.) the date inser- ment's effective	e date, if other than the date of isted, the date must be specified.	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
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E V: Effective date is last filling.) the date inserment's effective E VI: Other pro-	e date, if other than the date of isted, the date must be spected in this block does not move date on the Department of rovisions, if any. SIGNATURE: Signature of a ment of the document is executed a may a may be a ma	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-