

**L15000173083**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000177979 3)))



H150001779793ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Comptolife, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 JUL 22 PM 1:55

FILED  
15 JUL 22 AM 9:27  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 23 2015  
S. GILBERT

FILED  
15 JUL 22 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
COMPTOLIFE, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is CompToLife, LLC (the "Limited Liability Company").

**ARTICLE II**

**ADDRESS**

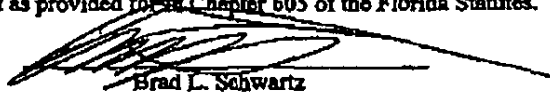
The mailing address and street address of the principal office of the Limited Liability Company is 950 Peninsula Corporate Circle, Suite 2014, Boca Raton, FL 33487.

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are Brad L. Schwartz, 950 Peninsula Corporate Circle, Suite 2014, Boca Raton, FL 33487.

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 of the Florida Statutes.

  
Brad L. Schwartz

**ARTICLE IV**

**MANAGING MEMBERS**

The Limited Liability Company shall be managed by Managing Members. The name and address of each person authorized to manage the Limited Liability Company are as follows:

Brad L. Schwartz

950 Peninsula Corporate Circle, Suite 2014  
Boca Raton, FL 33487

Barry H. Schwibner

950 Peninsula Corporate Circle, Suite 2014  
Boca Raton, FL 33487

7/22/2015 12:26:39 PM From: To: 8506176381( 3/3 )

Thomas E. Judge

950 Peninsula Corporate Circle, Suite 2014  
Boca Raton, FL 33487

Date: July 17, 2015

A handwritten signature in black ink, appearing to read 'David Baghdassarian', written over a horizontal line.

David Baghdassarian, Authorized Person

In accordance with Section 605.0203 of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155 of the Florida Statutes.