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Account#: I20000000088

Date:July 13, 2017	7.000dHdr. 12000000000
Name: MICHELLE WALKER	
Reference #:	
Entity Name: SMARTLIFE TAXES, LLC	
✓ Articles of Incorporation/Authorization to Transact Busi	ness
Amendment	
Change of Agent	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Reinstatement	
Conversion	-
☐ Merger	· ·
☐ Dissolution/Withdrawal	2
☐ Fictitous Name	
Other	
PLEASE RETURN A COPY OF THIS COVER SHEI	ET WITH FILED EVIDENCE
Authorized Amount: enough. The	Ill Michelle at 518-213-0737 if authorized amount is not nanks!!
Signature: Michelle Walker	

TI CORPORATE HQ

COGENCY GLOBAL INC IC E #C - \$1,10 ° FL 141, NY 10016 800.221.0102 -1,212.947.7200 **©EUROPEAN HQ**

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COGENCY GLOBAL (HK) HIMITED AHORIG PORGEN TED COMPANY INFINITUS PLAZA, 12" FL 199 DES VOEUX RD CENTRAL HONG KONG *852,3975,1803



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COVER LETTER

TO: New Filing Secti Division of Corp	ion porations		
	SMARTLIF	E TAXES, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	_
Please return all correspo	ndence concerning this matt	er to the following:	——————————————————————————————————————
	RIC	CHARD BROOKS	
		Name of Person	
	ST. AUGU	STING LAW GROUP, PA	
		Firm/Company	رد.
	320 HI	GH TIDE DR. STE 101	
		Address	
		UGUSTINE, FL 32080	
	Ci	ity/State and Zip Code	
	rich@sta	augustinelawgroup.com	
	E-mail address: (to be used	for future annual report notification	on)
For further information of	oncerning this matter, please	call:	
	at ()	
Na		rea Code Daytime Telephon	e 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)
	ling Address Filing Section	Street Address New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SMARTLIFE	TAXES, LLC		_
(Must contain the	words "Limited Liabilit	ry Company, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office o	f the Limited Liabi	lity Company is:	
Principal Off	fice Address:		Mailing Address:	
10855 SOUTH US	E1 CUNTE 140		10855 SOUTH US1 SUITE 140	
			PORT ST. LUCIE, FL 34952	
ARTICLE III - Registered Agent, R	lot serve as its own regis	gistered Agent's S stered Agent. You r	ignature:	- 1/
	Registered Office, & Registered as its own Registered as registration.)	itered Ageitt. 100 .	ignature:	
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	Registered Office, & Registerve as its own Regist Florida registration.)	itered Ageitt. 100 .	ignature:	
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	Registered Office, & Registerve as its own Regist Florida registration.)	t are:	ignature:	
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	Registered Office, & Registerve as its own Register Florida registration.) ess of the registered agent coger	t are:	ignature:	- - - -
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	Registered Office, & Registerve as its own Register Florida registration.) ess of the registered agent coger	t are: NCY GLOBAL INC. ne Calhoun Street, Suite 4	iignature: must designate an individual or	- - - -
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	Registered Office, & Registory as its own Register Florida registration.) ess of the registered agent coger Nan	t are: NCY GLOBAL INC. ne Calhoun Street, Suite 4	iignature: must designate an individual or	

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..

(CONTINUED)

Michelle Walker Ast. Sec.

Registered Agent's Signature (REQUIRED)

Tital	Name and Address:
Title: "AMBR" = Authorized	
"MGR" = Manager	
MGR	DAVID WILSON
	10855 SOUTH US1 SUITE 140 PORT ST. LUCIE, FL 34952
	FORT ST. LOSSE,
	JOSEPH CHERRY
MGR	10855 SOUTH US1 SUITE 140
	PORT ST, LUCIE, FL 34952
(Use attachment if nec	
CLE V: Effective date, if affective date is listed, the of filing.) If the date inserted in the cument's effective date	other than the date of filing:
LE V: Effective date, if the date is listed, the of filing.) If the date inserted in the	other than the date of filing:
CLE V: Effective date, if affective date is listed, the of filing.) If the date inserted in the cument's effective date	other than the date of filing:
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the cument's effective date is called the comment's effective date. REOUIRED SIGNATHS	other than the date of filing:
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the cument's effective date is called the comment's effective date. REOUIRED SIGNATHS	other than the date of filing:

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)