

L17000150928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

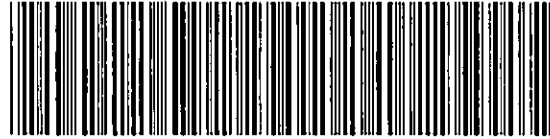
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MOON

JUL 13 2017

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COGENCYGLOBAL

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 TAXES, 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 40th ST, 10th FL
NY, NY 10016
800.721.0102
+1.212.947.7200

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY 143072
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



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMARTLIFE TAXES, 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. AUGUSTING 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)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMARTLIFE TAXES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10855 SOUTH US1 SUITE 140
PORT ST. LUCIE, FL 34952

Mailing Address:

10855 SOUTH US1 SUITE 140
PORT ST. LUCIE, FL 34952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32301

City

State

Zip

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..

Michelle Walker, Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

DAVID WILSON

10855 SOUTH US1 SUITE 140

PORT ST. LUCIE, FL 34952

JOSEPH CHERRY

10855 SOUTH US1 SUITE 140

PORT ST. LUCIE, FL 34952

(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)