P09000066889

| (Requestor's Name) | | | |
|--|-------------|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MA | IL. | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: 729/09 South COLL | | | |
| no \$ rec | | | |
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| | | | |

Office Use Only

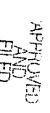


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SECRETARY OF STATE

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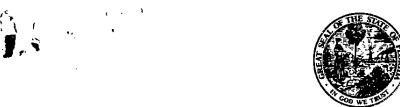
V#

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | Global Livin | a Network | Inc. | |
|----------------------|---|---------------------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | i a check for: | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| | | ADDITIONAL COPY REQUIRED | | |
| FROM: | Carol Name | (Printed or typed) | <u>~</u> | |
| | 1172 Bay D | Address | | |
| <u></u> | Indian Har City, | bour Bead State & Zip | n, FL 3293 7 | |
| | 321-626 Daytime To ghnbarron E-mail address: (to be used | n@ ao1, c | | |

NOTE: Please provide the original and one copy of the articles.



RECEIVED DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2009

CAROL T. BARRON 1172 BAY DR. EAST INDIAN HARBOR BEACH, FL 32937

SUBJECT: GLOBAL LIVING NETWORK, INC.

Ref. Number: W09000034768

We have received your document for GLOBAL LIVING NETWORK, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 509A00026225

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|--|----------------------|
| ARTICLE I NAME | |
| The name of the corporation shall be: Global Living Network, Ih | <i>د</i> ۔ |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: | |
| _ | |
| 1172 Bay Dr. East | |
| Indian Harbour Beach, FL 32937 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| Marketing of Real Estate, Travel | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: 1,000 Love thousand) | |
| | 20 Ω <u>₹</u> |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | 09 AUG SECRET |
| List name(s), address(es) and specific title(s): | |
| Carol T. Barron, President | SSEE TO PA |
| III2 Bey Dr. East Indian Harbour Beach, FL 32937 | 19 R 8 |
| Indian Harbour Beach, FL 82731 | 28 28 29 20 |
| ARTICLE VI REGISTERED AGENT | 2: 41 STATE |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: | |
| Carol T. Barron 1172 Bay Dr. East Indian Harbour Beach, FL 32937 | |
| 1172 Bay Dr. East | |
| Indian Harbour Beach, FL 5275 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Carol T. Barron | |
| 1172 Bay Dr. East | |
| Indian Harbour Boad, FL 32937 | ***** |
| Having been named as registered agent to accept service of process for the above stated corpo | oration at the |
| place designated in this certificate, I am familiar with and accept the appointment as register | |
| agree to act in this capacity | 8 |
| O - P | _ |
| Caral / Darron 7-25-0 | 9 |
| Signature/Registered Agent Date | |
| (aral 1, Barron 7-25-0 | 9 |
| Signature/Incorporator Date | |