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2011 JUN 20 PM 1: 04 SECRETARY OF STATE

T. CLINE
JUN 2 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Global Online Prod	ucts, LLC	
0000011	Limited Liability Company	
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Barbara Semel Parkhi		_
Global Online Products	Name of Person	
Global Offine Froducts	Firm/Company	-
	Time Company	
4234 Dryden Circle		
	Address	-
Sarasota, FL 34241		<del>.</del>
	City/State and Zip Code	
bspgator74@gmail.com	used for future annual report notification)	<u></u>
	used for future annual report notification)	
For further information concerning this matter,	please call: 발표	曼
Barbara Semel Parkhurst	all I	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	COTA	
\$125.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee,	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

Tallahassee. FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Compa	any is:			
Global Online Products, LLC				
(Must end with the words "Limit	ed 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:	Mailing Address:			
4234 Dryden Circle	4234 Dryden Circle			
Sarasota. FL 34241	Sarasota, FL 34241			
	-			
	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another			
The name and the Florida street address of	f the registered agent are:			
Barbara Semel Pa				
100 1 D	Name			
4234 Dryden				
	reet address (P.O. Box <u>NOT</u> acceptable)			
Sarasota	<sub>FL</sub> 34241			
C	City, State, and Zip			
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, P.S.			
Barlinia	Semel Carehurst mis o			
Registered Agent's	Signature (REQUIRED)			

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Barbara Semel Parkhurst
	4234 Dryden Circle
	Sarasota, FL 34241
<del> </del>	
Use attachment if necessary)	
EV: Effective date if other than t	the date of filing: (OPTIC
	t be specific and cannot be more than five business

<u>REQUIRED</u> SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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 s.817.155, F.S.)

Barbara Semel Parkhurst

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)