

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000223114840

02/28/12--01010--018 **78.75



1/4

COVER LETTER

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

SUBJECT: Global Edutainment Network, Inc.				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed is an original	and one (1) copy of the Arti	cles of Incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED	
FROM:	Linda Shai	inted or typed)	_	
Name (Printed or typed) 11652 Kensington Ct. Address				
Boca Raton, Fl. 33428 City, State & Zip				
561 305 2421				

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

E-mail address: (to be used for future annual report notification)

jlishai@aol.com

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the co	NAME , reporation shall be: Global Ed	utainment No	etwork, Inc
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mai	Name address of difference in
	11652 Kensington Ct.		ling address, if different is:
	Boca Raton, Fl. 33428		
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
	Florida Non-Profit Corporation wh		
	ess issues including life threatenin		
	. American Heart Association throu mary vehicle used to deliver this int		eb site, www.glenusa.org
ARTICLE IV	MANNER OF ELECTION The manner		nd appointed:
Initially 3 Directors w company will focus of	ill be appointed based upon their knowledge and ex n. We will subsequently adopt rules for the election	pertise in the field of medicine directly re of an independent Board of Directors or	elated to the health & wellness issues the
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>rors</u>	
Name and Tr Address:	tle: Steven C. Kirsch President 11652 Kensington Ct. Boca Raton, Fl. 33428	Address:	
Name and Ti	tle:Linda Shai Executive V.P.	Name and Title:	
Address:	11652 Kensington Ct. Boca Raton Fl. 33428	Address:	
	Boca Raton Fl. 33428		
	tle:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		· 26 7
	rida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	LInda Shai		
Address:	11652 Kensington Ct.		
	Boca Raton, Fl. 33428	<u> </u>	
ARTICLE VII	INCORPORATOR		हिंद्ध है प
	ress of the Incorporator is:		All the second s
Name:	Linda Shai		5
Address:	11652 Kensington Ct.	<u>.</u>	•
	Boca Raton, FI. 33428	<u> </u>	
Having been name ertificate, I am fan	ed as registered agent to accept service of pr niliar with and accept the appointment as regis	ocess for the above stated corpora tered agent and agree to act in this	tion at the place designated in this capacity
Kun	Required Signature of Registered Agen		2-25-12
	Required Signature of Registered Agen	L Comment	Date
submit this document to	nent and affirm that the facts stated herein ar of State constitutes of thirfdegree felony as pro	e true. I am aware that any false in vided for in s.817.155, F.S.	formation submitted in a document
KI	da Stall		2-25-12
V	Required Signature of Incorporat	or	Date