

Not 000003592

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

4-22-2001

SUBJECT: PURPOSE PLAN PROVISION, INC.
(Proposed corporate name – must include suffix)

Replacement Check

200004338252--0
-06/01/01--01073--012
*****90.00 *****90.00

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for (circle one):

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee
Certified Copy
& Certificate

+ Return Check Fee

FROM: PURPOSE PLAN PROVISION, INC.
Name (Printed or Typed)

715 AVENUE "I"
Address

RIVIERA BEACH, FLORIDA
City, State,

33404
Zip Code

561-845-4508
Daytime Telephone Numbers

561-841-2966
Evening Telephone Numbers

NOTE: Please provide the original and one (1) copy of Articles.

DMM MINISTRIES, INC.