

N10000007568

(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



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07/12/10--01034--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG - 6 PM 4: 25

APPROVED
AND
FILED

~~W1-33153~~
PS 8/11/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 AUG -6 PM 1:14
DIVISION OF CORPORATIONS

July 14, 2010

DARRELL MCCLOVER
6120 SW 19TH ST
NORTH LAUDERDALE, FL 33068

SUBJECT: PURPOSING FOR LIFE INC.
Ref. Number: W10000033153

We have received your document for PURPOSING FOR LIFE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 010A00017134

COVER LETTER

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

SUBJECT: PURPOSING FOR LIFE INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: DARRELL MCCLOVER
Name (Printed or typed)

6120 SW 19 STREET
Address

NORTH LAUDERDALE, FLA 33068
City, State & Zip

964-234 0718
Daytime Telephone number

D1MCCLOVER@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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