# 1100000503/

(Requestor's Name)
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SECRETARY OF STATE

MRD)24

# **COVER LETTER**

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

SUBJECT: Upul	Life Expression	IS TNC ATE NAME - <u>MUST INCLUDE SUFFIX</u> )	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed is an original a  \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED	
FROM: Vickie Spray Name (Printed or typed)			
302 Brann- Donaldson Rd			
	Crawforduile,	7, State & Zip	
	850-926- Daytime	7065 Telephone number	

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

Vickie Sprand you he expressions Com E-mail address: (to be used for future annual report notification)

### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

11 MAY 23 PM 12: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be Your Life Expressions, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address of the Corporation is to be located at 302 Brown-Donaldson Road, Crawfordville, Florida 32327 in Wakulla County.

### ARTICLE III PURPOSE

The corporation is organized exclusively for charitable and religious purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

### ARTICLE IV MANNER OF ELECTION

Name and Title: Kelly Gregg/Director Date: 5/20/11 2810 5+ Augustine Rd Tallahassee, F1 32301

Name and Title: Pathy Brown Director
Date: Stoli 2683 Oak Land

The manner in which the directors are elected and appointed shall be set forth in the bylaws of the corporation.

Name and Title: Vickie Spray / Director
Date: 5/20/11 302 Brown-Doubldson Rd
Crawforduille, Fl

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The names and addresses of the persons who are the initial directors of the corporation are as follows:

10/10/22/26. F1 25308
ARTICLE VI DISSOLUTION  Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Vickie Spray
Address: 302 Brown-Donaldson Rd
Crawforduille, FT 32327
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is Vickie Spray, 302 Brown-Donaldson Road, Crawfordville, Florida
32327.
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Vam familiar with and accept the appointment as registered agent and agree to act in this capacity.  Signature of Registered Agent: Vickie Spray  Date: May 20, 2011
I submit this document and affirm 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.
1/1/
Signature of Incorporator: Wie Date: Date: 120.1

Vickie Spray