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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

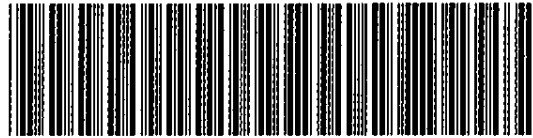
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J. Shivers MAR 08 2013

COVER LETTER

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

SUBJECT: We Care Community Resource & Development Center, Corp
(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: Helen I. Worthen
Name (Printed or typed)

2133 Harriet Dr.
Address

Tallahassee, FL 32303
City, State & Zip

(850) 228-3220
Daytime Telephone number

wccrdc@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: We Care Community Resource & Development Center Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2133 Harriet Dr.
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist those with disabilities live an least restrivctive life. While reaching personal goals.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Helen I. Worthen - President</u>	Name and Title: <u>Brandi Leland Vice-President</u>
Address: <u>2133 Harriet Dr.</u>	Address: <u>2133 Harriet Dr.</u>
<u>Tallahassee, FL 32303</u>	<u>Tallahassee, FL 32303</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charlie Worthen
Address: 2091 Little River Ln
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brandi Leland
Address: 2133 Harriet Dr.
Tallahassee, FL
32303

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TALLAHASSEE FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Charlie C. Worthen

Required Signature of Registered Agent

3.8.2013

Date

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.

Brandi Leland

Required Signature of Incorporator

3.8.2013

Date