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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: We Care Community Services, 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: Jacqueline Méndez
Name (Printed or typed)

1703 E. 26th Ave Apt A
Address

Tampa Fl. 33605
City, State & Zip

813-580-1599
Daytime Telephone number

wecare-tampabay@outlook.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 Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1703 E 26th Ave, Apt A
Tampa Fl. 33605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bring the know-how to obtain
social services and benefits to the underserved
community.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jacqueline Mender</u> <u>Chief Executive Officer</u>	Name and Title: <u>Elizabeth Cabrera</u> <u>Executive Director</u>
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Address: <u>1703 E. 26th Ave</u> <u>Apt A</u> <u>Tampa Fl. 33605</u>	Address: <u>4305 Fawn Circle</u> <u>Tampa Fl. 33610</u>
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Name and Title: <u>Rosa Laporte</u> <u>CFO Chief financial officer</u>	Name and Title: _____
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Address: <u>1541 Clair Mel Cir</u> <u>Tampa Fl. 33619</u>	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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SECRET
2011 SEP 14 AM 9:39
CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jacqueline Meñder

Address: 1703 E 26th Ave Apt A
Tampa Fl. 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Meñder

Address: 1703 E. 26th Ave Apt A
Tampa Fl. 33605

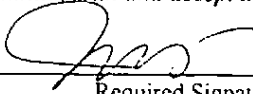
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/15/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

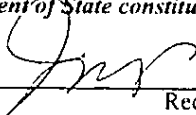


Required Signature of Registered Agent

9/10/18

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.



Required Signature of Incorporator

9/10/18

Date