

F20000003269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

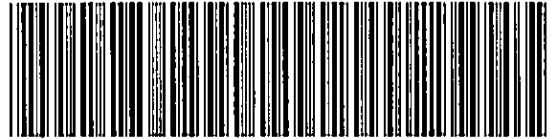
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SPF
7/29/20

COVER LETTER

TO: Registration Section
Division of Corporations
WECARE ALLIANCE FOR MENTAL HEALTH, INC.

SUBJECT: _____
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JIMMY N MOMANYI

Name of Person

WECARE ALLIANCE FOR MENTAL HEALTH, INC.

Firm/Company

704 WHARF SIDE CT

Address

PERTH AMBOY, NEW JERSEY, 08861-2999

City/State and Zip Code

WECAREALLIANCE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JIMMY N MOMANYI

917

2500095

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

WE CARE ALLIANCE FOR MENTAL HEALTH, INC.

1. _____
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 82-4388368
(State or country under the law of which it is incorporated) (FEI number, if applicable)
02/12/2018 4. PERPETUAL
(Date of Incorporation) 5. (Date of duration, if other than perpetual)

HAS NOT CONDUCTED ANY BUSINESS IN FLORIDA.

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 704 WHARFSIDE CT. PERTH AMBOY NJ. 08861-2999
(Principal office street address)

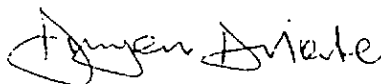
704 WHARFSIDE CT. PERTH AMBOY NJ. 08861-2999
(Current mailing address, if different)

8. NON-PROFIT MENTAL HEALTH PROVIDER AGENCY.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ARIELLE DWYER
Office Address: 6131 ECHELON WAY, SUITE 201
DAVENPORT, Florida 33896
(City) (Zip Code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

JIMMY NAK MOMANYI 704 WILARESIDE CT, Porth Amby, NJ 08061

☒ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

JIMMY NAK MOMANYI 704 WILARESIDE CT, Porth Amby, NJ 08061

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

JIMMY N MOMANYI CHAIRMAN.

14. _____
(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

WECARE ALLIANCE FOR MENTAL HEALTH INC.

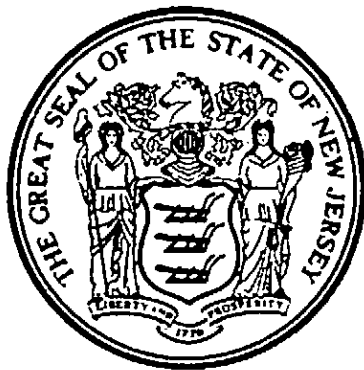
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on February 12, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LACY-ANN MOMANYI
704 WHARFSIDE CT
PERTH AMBOY, NJ 08861



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of July, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number - 6109034116

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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