N05000007136

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100056192821

07/05/05--01013--010 **78.75

ZOOS JUL 13 AN 7: 48
SECRETARY OF STATE

T Hampton JUL 1 4 2005

TRANSMITTAL LETTER

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

SUBJECT:	E CARE INC.	of lutz			
	(PROPOSED CORPORATE	NAME – <u>MUST INCLUI</u>	DE SUFFIX)		
Enclosed is an original a	and one(1) copy of the Articl	es 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 CO	PY REQUIRED		
FROM: FRANK HARHEY Name (Printed or typed)					
4022 FISHERMANS COVE CT. Address					
	Lutz, FC City, S	33558 tate & Zip	-		
	(727)229 Daytime Tel	/- 5877 ephone number	-		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 7, 2005

FRANK HARTLEY 4022 FISHERMANS COVE CT LUTZ, FL 33558

SUBJECT: WE CARE INC. OF LUTZ

Ref. Number: W05000032658

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

Please list the first names of the officers that you listed in article V.

Please return the 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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 005A00045067

OS JUL 13 PH 12:55

ARTICLES OF INCORPORATION	
In Compliance with Chapter 617, F.S., (Not for Profit)	
The name of the corporation shall be: (116 CAO 6 TACA OF / 147	
The name of the corporation shall be: WE CARE INC. OF Lutz F	
m m	
The principal place of business and mailing address of this corporation shall be:	
The principal place of business and mailing address of this corporation shall be: 4022 Fishermans Cove Ct.	
Lutz, FL 33558	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To Provide Educational SERVICES FOR the DEVELOPMENTAL DISABLED and LOW INCOME FAMILE	
Disabled 1 1 1 100 16 C Was THE VEVELOPMENTAL	
Disabled and Low Income Families.	
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	
Appointed By the president	
is provided by the pression.	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	
List name(s), address(es) and specific title(s):	
FRANK HARTLEY 4022 Fishermans ove ct. Lutz, FL 33558/PRESIDE Kelli WYNN 15210 Amberly Drive #916 TAMPA, FL 33647/SECRETA MAXINE HARTLEY 4022 Fishermans ove Ct Lutz, FL 33558/VICE, DRES	ا جرم
THE CHARLOWY TOUR FISHER MANS HOVE CI. CUTE, PC 33330/ KESTOR	
KELLY WYNN 13010 AMBERLY WRIVE #716 TAMPA, H33647 /SECRETA	K
MANINE HARTLEN 4022 FISHERMANS COVE CT COTE FL 33558 / VICE DOCC	ر ج مسا
	ru
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
MAXINE HARTLEY 4022 FISHERMANS COVE CT	
4022 FISHERMANS COVE CT	
Cate, FC 33558	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
FRANK HARTLEY 4022 FishERMAN COVE CT	
4022 FISHERMAN COVE CY	
Lutz FL 33558	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated	
in this gertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity,	
1/1/1/1 C (NA) +411-	
in white of the way	
Signature/Registered Agent Date /	
6/30/05	
Signature Na comparator	
Signature/Incorporator Date	