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(Business Entity Name)

\_\_\_\_\_  
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09 MAY 11 AM 10:27  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

EP 5/14/09

**COVER LETTER**

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

**SUBJECT: The Cascades WE CARE, Inc.**

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check payable to Department of State, Division of Corporations, for :

\$87.50  
Filing Fee, Certified Copy & Certificate  
**ADDITIONAL COPY REQUIRED**

FROM:

Gail Swartz  
6704 East Liseron  
Boynton Beach, Florida 33437  
  
(561) 734-5676

Thank you.

**The Cascades WE CARE, Inc.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, Florida Statutes (Not-for-Profit)

**ARTICLE I - NAME**

The name of the corporation is The Cascades WE CARE, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

The principal office of the corporation is located at 7701 Cascades Isles Boulevard, Boynton Beach, Florida 33437.

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is to promote the dignity, health and well-being of our community and provide the balance which allows seniors to continue to live independently in their homes.

**ARTICLE IV - MANNER OF ELECTION**

The manner of election or appointment of directors or officers of the corporation shall be as set forth in the corporation's by-laws.

**ARTICLE V - INITIAL DIRECTORS AND/OR OFFICERS**

Corinne Rosen, Director	Joan Levine, Director	Bernice Weisgrau, Director
11590 Ballylee Terrace	7046 Haviland Circle	11564 Alana Terrace
Boynton Beach, FL 33437	Boynton Beach, FL 33437	Boynton Beach, FL 33437

**ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is Corinne Rosen, 11590 Ballylee Terrace, Boynton Beach, Florida 33435.

**ARTICLE VII - INCORPORATOR**

The name and address of the incorporator is Gail Swartz, 6704 East Liseron, Boynton Beach, Florida 33437.

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Having been named as registered agent to accept service of process for the above state 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.

Corinne Rosen  
Corinne Rosen, Registered Agent

05/07/2009  
Date

Gail Swartz  
Gail Swartz, Incorporator

05/07/2009  
Date

09 MAY 11 AM 10:27  
STATE OF FLORIDA  
TALLAHASSEE