

N18 000 003 964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200311094552

03/30/18--01020--010 **78.75

FILED
18 APR 10 PM 4:21
FALLASSEE, LA

D O'KEEFE

APR 10 2018

W18-32129



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2018

DORLISA CARTER
5017 S.W. 21 STREET
WEST PARK, FL 33023

SUBJECT: WECARE UMATTER HOMELIVING, INC
Ref. Number: W18000032129

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

Non-profit corporations cannot register as a public benefit corporation.

Please return 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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 918A00006802

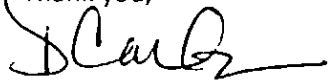
FILED
18 APR 10 PM 4:24
TALLAHASSEE, FL 32314

March 27, 2018

To Whom It May Concern:

My name is Dorlisa Carter, I was the registered agent, a managing member, and the individual responsible for the dissolution of WeCARE U Matter HOMELIVING, LLC. I am releasing the name of the Limited Liability Company WeCARE U Matter HOMELIVING to the nonprofit organization that I am submitting the enclosed forms for. If you have any further questions, my contact number is 754-234-9242.

Thank you,

A handwritten signature in black ink, appearing to read 'Dorlisa Carter', with a stylized flourish at the end.

Dorlisa Carter

COVER LETTER

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

SUBJECT: We CARE U_Matter HomeLiving, 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: Dorlisa Carter

Name (Printed or typed)

5017 S.W. 21 Street

Address

West Park, FL 33023

City, State & Zip

754-24-9242

Daytime Telephone number

wcumhomeliving@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: WeCARE U Matter HomeLiving, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7161 Pembroke Road #600, Pembroke Pines, FL 33023

Mailing address, if different is:

5017 S.W. 21 Street, West Park, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WeCare U Matter HomeLiving, Inc. is a non-profit ; corporation
and is not organized for the private gain of any person. This organization is organized for charitable purposes as set forth in section
501 (c)(3) of the Internal Revenue code. The operational objectives shall allow for activities and event commensurate with not for
profit organization.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided by in the
Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dorlisa Carter (P/D)</u>	Name and Title:	<u>Anthony Carter (T/D)</u>
Address	<u>5017 S.W. 21st Street</u>	Address:	<u>5017 S.W. 21st Street</u>
	<u>West Park, FL 33023</u>		<u>West Park, FL 33023</u>
Name and Title:	<u>Maureen Stewart (S/D)</u>	Name and Title:	
Address	<u>5024 S.W. 21st Street</u>	Address:	
	<u>West Park, FL 33023</u>		
Name and Title:		Name and Title:	
Address		Address:	

FILED
TALLAHASSEE, FL
18 APR 10 PM 4:24

18 APR 10 PM 4:24

FILED

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: Dorlisa Carter

Address: 5017 S.W. 21 Street

West Park, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorlisa Carter

Address: 5017 S.W. 21 Street

West Park, FL 33023

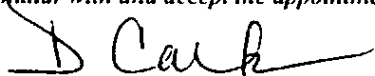
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/27/2018 (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

03/27/2018

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

03/27/2018

Date

FILED
10 APR 10 PM 4:20
TALLAHASSEE, FLORIDA