

N23000005393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

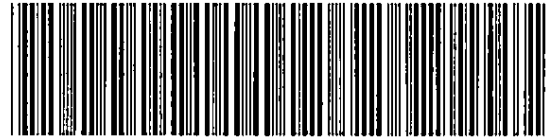
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300406664373

05/02/23--01001--021 \*\*87.50

RECEIVED  
2023 MAY -2 PM 2:03 MAY -2 PM 2:11  
ALLAHASSEE, FLORIDA  
CLERK OF COURT

## COVER LETTER

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

SUBJECT: We Care Outreach Corp.  
(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: Kinzy B. McCiee  
Name (Printed or typed)

3214 Orange Center Blvd  
Address

Orlando FL 32805  
City, State & Zip

407-714-5536  
Daytime Telephone number

kinzyb@yahoo.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 Outreach Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3214 Orange Center Blvd  
Orlando FL 32805

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The mission is to motivate  
Inspire and provide knowledge to youth and  
adults in the community to meet their emotional,  
spiritual and educational needs which is  
a charitable 501-c 3 non-profit organization.

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

As stated in the by-laws.

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

Name and Title: Kinzy R Mooree / President Name and Title: \_\_\_\_\_

Address: 725 S. Goldwyn Ave Address: \_\_\_\_\_  
Orlando, FL 32805

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2023 MAY -2 PM 2:11

=D

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: Kinzy R. McCrewe  
Address: 725 S. Goldwyn Ave  
Orlando FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kinzy R. McCrewe  
Address: 725 S. Goldwyn Ave  
Orlando FL 32805

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

Kinzy McCrewe  
Required Signature of Registered Agent

5/2/2023  
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.

Kinzy McCrewe  
Required Signature of Incorporator

5/2/2023  
Date

2023 MAY -2 PM 2:12  
FILED  
CLERK OF COURT  
JULIA A. HARRIS