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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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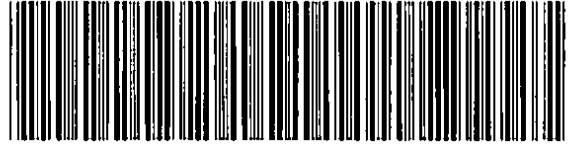
(Business Entity Name)

(Document Number)

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

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REGISTRATION OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: W W T J COMMUNITY TRANSITION SERVICES OF SOUTH FLORIDA, 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: WALTER MCELHANEY  
Name (Printed or typed)

1531 SW 63RD TERRACE  
Address

NORTH LAUDERDALE, FL 33068  
City, State & Zip

954-638-1930  
Daytime Telephone number

waltermcelhane7@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** W W T J COMMUNITY TRANSITION SERVICES OF SOUTH FLORIDA, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1531 SW 63RD TERRACE

NORTH LAUDERDALE, FL 33068

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
EXCLUSIVELY TO PURSUE ONE OR MORE CHARITABLE, EDUCATIONAL, SCIENTIFIC AND OR RELIGIOUS  
PURPOSES.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed. as stated in the Bylaws

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

Name and Title: WALTER MCELHANEY JR - PRES

Address: 1531 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

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

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

Name and Title: WAUNTAVIOUS MCELHANEY - VP

Address: 1531 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

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

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

Name and Title: TAMYIAH MCELHANEY - S/T

Address: 1531 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

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

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

2006 A. 10 PM 6:50

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: WALTER MCELHANEY JR  
Address: 1531 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTER MCELHANEY JR  
Address: 1531 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

**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*

  
Required Signature of Registered Agent

7/17/2023  
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.*

  
Required Signature of Incorporator

7/17/2023  
Date

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