

N23 0000 13731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

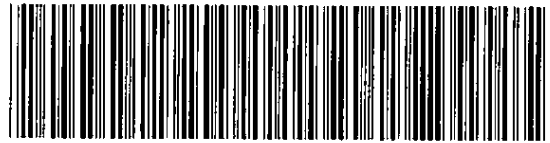
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COVER LETTER

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

SUBJECT: WECARE TOGETHER 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: DEVON CUMMINGS
Name (Printed or typed)

4344 HOOKS ROAD, APT 517
Address

LAKE WORTH, FLORIDA 33467
City, State & Zip

954-982-4640
Daytime Telephone number

CUMMINGSDEVON@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 TOGETHER INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
4344 HOOKS ROAD

APT 517

LAKE WORTH FLORIDA 33467

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: UPLIFT AND ASSIST DISADVANTAGED YOUTHS FAMILIES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR
AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEVON CUMMINGS P

Address: 4344 HOOKS ROAD

APT 517

LAKE WORTH FL 33467

Name and Title: NICOLE CLARKE VP

Address: 4344 HOOKS ROAD

APT 517

LAKE WORTH FL 33467

Name and Title: DOREEN LINDSAY VP

Address: 4330 LISA DRIVE

LAKE WORTH

FLORIDA 33467

FILED

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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: DEVON CUMMINGS

Address: 4344 HOOKS ROAD, APT 517

LAKEWORTH FLORIDA 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEVON CUMMINGS

Address: 4344 HOOKS ROAD, APT 517

LAKE WORTH FL 33467

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/13/2023. (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:

DEVON CUMMINGS

Required Signature of Registered Agent

11/13/2023

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.

DEVON CUMMINGS

11/13/2023