

721000012571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

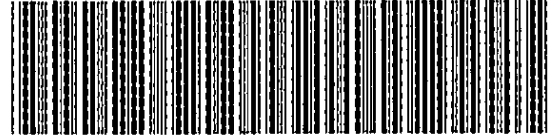
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

**T. SCOTT**  
**OCT 27 2021**



400375387964

2021 OCT 27 PM 1:33

2021 OCT 27 PM 1:33

10/27/21 --01001 -010 \*\*\*78.71

2021 OCT 27 PM 1:33

2021 OCT 27 PM 1:33

## COVER LETTER

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

SUBJECT: Unfolding Blessings, 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: Kimberly M. Ceaser  
Name (Printed or typed)

15 Sixth Avenue  
Address

Crawfordville Florida 32327  
City, State & Zip

(334) 296-2857  
Daytime Telephone number

unfolding.blessings@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: UnFolding Blessings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

15 Sixth Avenue  
Crawfordville Florida 32327

15 Sixth Avenue  
Crawfordville Florida 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable religious, education, scientific purposes, including for such purposes the making of distributions to organizations that qualify exempt under section 501(c)(3) of the IRC.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As provided for in the Bylaws.

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

Name and Title: Kimberly M. Ceaser, President

Address: 15 Sixth Avenue  
Crawfordville Florida  
32327

Name and Title: Kimna M. Ceaser "Officer Kim"

Address: 7100 Dawson Boulevard  
Apt 7204  
Atlanta Georgia 30340

Name and Title: Erica L. Brown, Secretary

Address: 4712 Wicker Way  
Mobile Alabama  
36609

Name and Title: Kyla M. Ceaser "Officer Kme"

Address: 208 Crossings Drive  
Millbrook Alabama  
36054

Name and Title: Edward Pugh Jr. Treasurer

Address: 1105 Southview Lane,  
Suite 103-240  
Tuscaloosa Alabama 35405

Name and Title: Corey Hill "Officer" Kme

Address: 2415 Old St. Augustine Rd.  
Apt 722  
Tallahassee Florida 32301

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: Kimberly M. Ceaser

Address: 15 Sixth Avenue  
Crawfordville Florida 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly M. Ceaser

Address: 15 Sixth Avenue  
Crawfordville Florida 32327

**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*

Kimberly M. Ceaser  
Required Signature of Registered Agent

10/27/2021  
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.*

Kimberly M. Ceaser  
Required Signature of Incorporator

10/27/2021  
Date