

N21000012571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

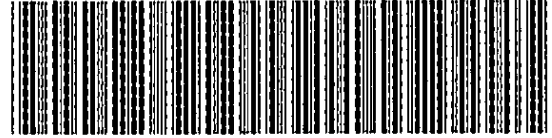
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TALLAHASSEE, FLORIDA

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 religions, education, scientific purposes, including for such purposes the making of distributions to organizations that qualify exempt under section 501c3 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" inc
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