

P09000090207

(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



200162306312

10/30/09--01007--003 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 30 PM 2:16

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: Sharrington Consulting Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Susan H. Arrington  
Name (Printed or typed)  
2895 Mandarin Pl  
Address  
Palm Harbor FL 34684  
City, State & Zip  
727.698.3362  
Daytime Telephone number  
arringtonsha@verizon.net  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**STATE OF FLORIDA  
SECRETARY OF STATE  
ARTICLES OF INCORPORATION  
In compliance with Chapter 607 (F.S.)  
FOR-PROFIT BUSINESS CORPORATION**

**ARTICLE I**

The name of the corporation shall be Sharrington Consulting, Inc.

**ARTICLE II**

The principal office address of the corporation is:  
2895 Mandarin Place, Palm Harbor, FL 34684

**ARTICLE III**

The corporation is organized for the purpose of business

**ARTICLE IV**

The corporation is authorized to issue a total of 100 shares of common stock

**ARTICLE V**

The initial Officer of the Corporation is:  
Susan H. Arrington, President

**ARTICLE VI**

The Registered agent is:  
Susan H. Arrington  
2895 Mandarin Place  
Palm Harbor, FL 34684

**ARTICLE VII**

The name and address of the incorporator is:  
Susan H. Arrington, 2895 Mandarin Place, Palm Harbor, FL 34684

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.

  
\_\_\_\_\_  
Signature/Registered Agent

10.27.09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10.27.09  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 30 PM 2:16

APPROVED  
AND  
FILED