

P12000026713

(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



200223464542

03/02/12--01012--006 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 PM 2:05

611-2548-

W12000012625

3/19/12

## COVER LETTER

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

SUBJECT: Charactership Lean 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: Shannon Flumerfelt  
Name (Printed or typed)  
4520 Golf Villa Unit 104  
Address  
Destin, FL 32541  
City, State & Zip  
248.495.4312  
Daytime Telephone number  
shannonflumerfelt@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 PM 2:05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 MAR 16 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 5, 2012

SHANNON FLUMERELT  
4520 GOLF VILLA 104  
DESTIN, FL 32541

SUBJECT: CHARACTERSHIP LEAN PUBLISHING INC  
Ref. Number: W12000012625

*Add 2 Publishing  
Registration  
Add Consulting  
and  
form*

We have received your document for CHARACTERSHIP LEAN PUBLISHING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00008490

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 PM 2:05

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Charactership Lean Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4520 Golf Villa 104

Destin, FL 32541

Mailing address, if different is:

PO Box 6433

Miramar Beach, FL 32550

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 MAR 16 PM 2:05

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
consulting services

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Shannon Flumerfelt

Address: 4520 Golf Villa 104

Destin, FL 32541

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

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

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shannon Flumerfelt

Address: 4520 Golf Villa 104

Destin, FL 32541

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shannon Flumerfelt

Address: 4520 Golf Villa 104

Destin, FL 32541

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/Registered Agent

March 15, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

March 15, 2012

Date