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**\*\*please honor original submission date of 12/29/2020, faxes unsuccessful\*\*****K65361****Florida Department of State  
Division of Corporations  
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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing  
so will generate another cover sheet.****To:**Division of Corporations  
Fax Number : (850) 617-6380**From:**Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622**DISSOLUTION OR WITHDRAWAL  
INSURANCE ADJUSTMENT SERVICES, INC.****\*\*please give original  
submission date of  
12/29/2020**

Certificate of Status	0
Certified Copy	1
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submission date of  
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January 4, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INSURANCE ADJUSTMENT SERVICES, INC.

6303 BLUE LAGOON DRIVE

SUITE 225

MIAMI, FL 33126

SUBJECT: INSURANCE ADJUSTMENT SERVICES, INC.

REF: K65361

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard our previous letter. In order to obtain the original file date requested, please provide evidence showing the document was submitted on the requested date.

Please return 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) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000443169  
Letter Number: 321A00000052

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INSURANCE ADJUSTMENT SERVICES, INC.

**DOCUMENT NUMBER:** K65361

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew P. Brooks, General Counsel

(Name of Contact Person)

Phoenix American Companies

(Firm/Company)

6303 Blue Lagoon Drive, Suite 225

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott R. Jablonski, Esq.

at (954) 712-5123

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
INSURANCE ADJUSTMENT SERVICES, INC.

SECOND: The document number of the corporation (if known): K65361

THIRD: The date dissolution was authorized: DECEMBER \_\_\_\_, 2020 28-Dec-2020 | 9:30:56 AM PST

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DocuSigned by:  
**R. Steven Brooks**  
Signature: \_\_\_\_\_  
825DA2A558A941E  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

R. STEVEN BROOKS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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