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(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

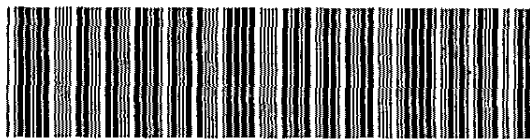
(Business Entity Name)

(Document Number)

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02/01/07--01013--006 **78.75

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2007 FEB 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-574

COVER LETTER

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

SUBJECT: HAS Solutions, 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: Hezedeane A. Smith

Name (Printed or typed)

P.O. Box 343

Address

Gotha, FL 34734

City, State & Zip

321-689-5500

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2007

HEZEDEAN A. SMITH
PO BOX 343
GOTHA, FL 34734

SUBJECT: HAS SOLUTIONS, INC.
Ref. Number: W07000005714

We have received your document for HAS SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the 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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 007A00008258



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2007

HEZEDEAN A. SMITH
PO BOX 343
GOTHA, FL 34734

SUBJECT: HAS PROPERTY SOLUTIONS, INC.
Ref. Number: W07000005714

We have received your document for HAS PROPERTY SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You must list at least one incorporator with a complete business street address.

Please return the 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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 707A00011750

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:

~~HAS Solutions, Inc.~~

HAS Property Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 343, GOTH A, FL 34734 (MAILING)
ADDRESS

Principal address
938 HIRE CIRCLE
OCOE, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

HEZEDEAN A. SMITH (DIRECTOR)
938 HIRE CIRCLE
OCOE, FL 34761

ELAINE SMITH (ADMINISTRATIVE ASSISTANT)
938 HIRE CIRCLE
OCOE, FL 34761

ARTICLE VI REGISTERED AGENT

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

HEZEDEAN A. SMITH
938 HIRE CIRCLE
OCOE, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HEZEDEAN A. SMITH
938 HIRE CIRCLE
OCOE, FL 34761

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

HEZEDEAN A. SMITH
Signature/Registered Agent

HEZEDEAN A. SMITH
Signature/Incorporator

1/27/07
Date

2/7/07
Date

FILED
2007 FEB 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA