

PO 8 D00110615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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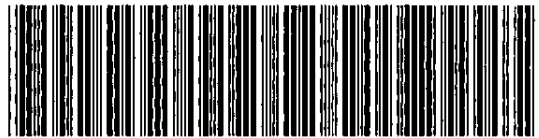
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -9 PM 3:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2009

EVELYN HAMILTON
HAS INC.
5700 LAKE WORTH RD STE 311-5
GREENACRES, FL 33463

SUBJECT: PRESTON CLAIMS ADJUSTING INC
Ref. Number: P08000110615

We have received your document for PRESTON CLAIMS ADJUSTING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Document is not signed.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00001676

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESTON CLAIMS ADJUSTING INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000110615

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVELYN HAMILTON

(Name of Contact Person)

HAS INC.

(Firm/Company)

5700 LAKE WORTH RD, SUITE 311-5

(Address)

GREENACRES, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYN HAMILTON

(Name of Contact Person)

at (561) 642-9982

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

PRESTON CLAIMS ADJUSTING INC

Name of Corporation as currently filed with the Florida Dept. of State

P08000110615

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -9 PM 3:56

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct PROFIT ARTICLES OF INCORPORATION,
(Document Type Being Corrected)

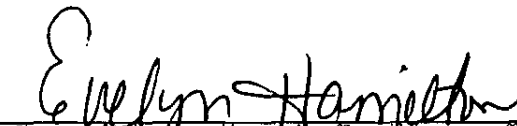
filed with the Department of State on FLORIDA - December 24, 2008.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NO EFFECTIVE DATE STATED FOR INCORPORATION.

Correct the inaccuracy, incorrect statement, or defect:

EFFECTIVE DATE OF INCORPORATION IS JANUARY 1, 2009.



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EVELYN HAMILTON

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

Filing Fee: \$35.00