

F07000004842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

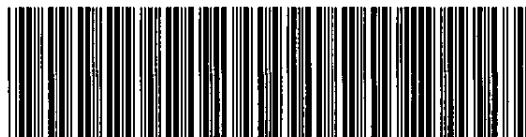
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400109358604

09/14/07--01047--001 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT -1 PM 12:02

APPROVED
AND
FILED

W07-45871

B. McKnight OCT 01 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hamilton's Catastrophe Claim Service, Inc. dba US Staffing
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica Hamilton, VP Sales & Marketing

(Name of Person)

Hamilton's Catastrophe Claim Service, Inc. dba US Staffing

(Firm/Company)

3109 Skyway Circle N.

(Address)

Irving, Texas 75038

(City/State and Zip code)

For further information concerning this matter, please call:

Jessica Hamilton

(Name of Person)

at (214) 596-1563 Ext. 12

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2007

JESSICA HAMILTON
3109 SKYWAY CIRCLE N
IRVING, TX 75038

SUBJECT: HAMILTON'S CATASTROPHE CLAIM SERVICE, INC. DBA US
STAFFING
Ref. Number: W07000045871

We have received your document for HAMILTON'S CATASTROPHE CLAIM SERVICE, INC. DBA US STAFFING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 407A00054711

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Hamilton's Catastrophe Claim Service, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

(State or country under the law of which it is incorporated)

3. 75-2516295

(FEI number, if applicable)

4. 12-30-1993

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 2007

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3109 Skyway Circle N. Irving, TX. 75038

(Principal office address)

3109 Skyway Circle N. Irving, TX. 75038

(Current mailing address)

8. Project work from the Department of Financial Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Terri Bears

Office Address: 7608 San Remo Place

Orlando

(City)

, Florida 32835

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

07 OCT - PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

07 OCT - 1 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sue Hamilton

Address: 3109 Skyway Circle N. Irving, TX. 75038

Vice President: Mickey Hamilton

Address: 3109 Skyway Circle N. Irving, TX. 75038

Secretary: Dawn Gentry

Address: 3109 Skyway Circle N. Irving, TX. 75038

Treasurer: Mickey Parris

Address: 3109 Skyway Circle N. Irving, TX. 75038

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Jessica Hamilton, Vice President of Sales & Marketing / Sue Hamilton - CEO
 (Typed or printed name and capacity of person signing application) / President

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for HAMILTON'S CATASTROPHE CLAIM SERVICE, INC. (file number 129630400), a Domestic For-Profit Corporation, was filed in this office on December 30, 1993.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2007.



APPROVED
AND
FILED
07 OCT -1 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature of Phil Wilson in black ink.

Phil Wilson
Secretary of State