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COVER LETTER

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

SUBJECT:	CASSE					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee Filing & Cert	ificate of Status &	78.75 iling Fee Certified Copy ADDITIONAL COP	& Certificate of Status			
FROM:	Joseph A. Name (Print	(ASSe	KA			
60	60 Shore	Blud Si	outh			
GUIR	Address PLONIC City, State of		2011 JUL 12	autopias junispika		
	S17 691 Daytime Telepho		<i>:</i> ₩			
SCA: E-n	ail address: (to be used for fi	Taleemplo	1-76-11. (0/2)			

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

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: CASSCLING,	INC.	
Principal office Principal street address 28/3 General Street Gulffield Jeleville	6.60 Should ress	s, if different is: A (I) Se H (Inn, 14) 32757
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ention	
ARTICLE IV SHARES The number of shares of stock is: /OO		
Name and Title: Address: Address: Colo 5 force Blod 5000	Name and Title:	
Name and Title: Address:	Name and Title: Address:	
Name and Title:Address:	Name and Title: Address:	
ARTICLE VI REGISTERED AGL. The name and Florida: of the Incorporator is: Name: Address: Z8/3 Beach Modern South Contain	registered agent is:	2011 JUL 12
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: ZE/3 Bench Modern Solution	› ভা ধ —	PH 2:30
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as re		his capacity
Required Signature/Registered Agent submit this document and affirm that the facts stated herein ar		
locument to the Department of State constitutes a third degree felon Required Signature/Incorporator		
/ // Required Signature/Incorporator		Duic