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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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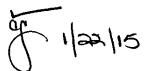




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15 JAN 20 PM 3-5
SECRETARY OF STATE
SECRETARY OF ST



COVER LETTER

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

SUBJECT: CashCasters, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDIFIONAL COPY REQUIRED

FROM: Dominick DiMaggio

Name (Printed or typed)

3030 N. Rocky Point Dr., Ste. 150A

Address

Tampa, FL 33607

City, State & Zip

847-383-5538

Daytime Telephone number.

Dimaggio1@aol.com

E-mail address: (to be used for future annual report notification)

15 JAN 20 PH 3-54
SECRETARY OF STATE

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)

he name of the corporation shall be: Cash (
RTICLE II PRINCIPAL OFFICE	19 JAN 20 Au a
Principal street address	Mailing address if different is: CF CT AT
3030 N. Rocky Point Dr.	Mailing address Fifdiffgrent is: OF STAT
Suite 150A	
ampa, FL 33607	
RTICLE III PURPOSE	ized is: The transaction of any and all lawful
ourposes for which corporate	tions may be incorporated under the laws of
he State of Florida, includir	ng but not limited to an online web based
ousiness.	
	
he number of shares of stock is:	
ne minutes of shares of slock is.	
RTICLE V INITIAL OFFICERS AN	m op didrotore
RTICLE V INITIAL OFFICERS AN	DOR DIRECTORS
NT 1 mid	
Name and Title:	Name and Title:
	Name and Title:Address:
Address	
Address Name and Title:	Address:
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Name and Title: Name and Title:	Name and Title: Name and Title: Name and Title:

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of the	the registered agent is:
Name:	REGISTERED AGENTS INC	
Address:	3030 N. Rocky Point Dr, STE 150A	
	Tampa, FL 33607	
ARTICLE VII	INCORPORATOR	
	Iress of the Incorporator is:	
_	Dominick DiMaggio	
Name:	238 Robert Parker Coffin Rd.	
ridaroux	Long Grove, IL 60047	
	n familiar with and accept the appointment as regist	
_5	Required Signature/Registered Agent	- President 1-15-15 Date
		rue. I am aware that the false information submitted in a
		15 JAN 2 SECRETAR FALLAHASS