

P16UUUD SS724

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(Business Entity Name)

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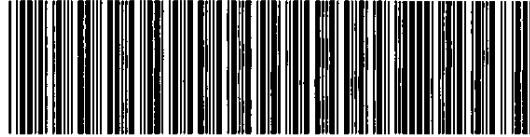
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JUL 06 2016

T. SCOTT



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** CASFL, 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:** Marco Loretto

Name (Printed or typed)

175 SW 7th. St

Address

Miami, FL 33130

City, State & Zip

(646) 339-7788

Daytime Telephone number

marcoloretto@gmail.com

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

**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: CASFL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

175 SW. 7th St. Miami, FL 33130

~~#1204~~ #1204

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Merchant cash advance origination platform.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

16 JUN 28 AM 8:17

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marco Loretto President

Name and Title: \_\_\_\_\_

Address 175 SW. 7th St. Miami, FL 33130

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marco Loretto

Address: 175 SW. 7th St.

Miami, FL 33130

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Marco Loretto

Address: 175 SW. 7th St.

Miami, FL 33130

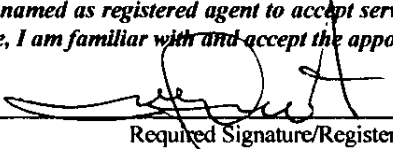
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

6/21/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

6/21/16  
Date