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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

COVER LETTER

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

SUBJECT: Ballroom Dance Fitness 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Sara Salomon

Name (Printed or typed)

5280 N Ocean Blvd #2F

Address

Riviera Beach, FL, 33404

City, State & Zip

954-612-4356

Daytime Telephone number

ssalomon@zoomcompaniesinc.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: Ballroom Dance Fitness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5280 N Ocean Drive #2F

Riviera Beach, FL 33404

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote and sell Ballroom Dance Fitness DVDs that teach

"fun exercise" by instruction enthusiasts in ballroom dance steps while helping them lose weight. Ballroom Dance Fitness Inc

will operate as a wholly owned subsidiary under Zoom Companies Inc.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 common; 10,000 preferred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William G Forhan, CEO

Address 5280 N Ocean Dr #2F

Riviera Beach, FL 33404

Name and Title: Sean Forhan, President

Address: 5380 N Ocean Dr #3A

Riviera Beach, FL 33404

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: William G. Forhan _____

Address: 5280 N. Ocean Dr. #2F _____

Riviera Beach, FL 33404 _____

ARTICLE VII INCORPORATOR

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

Name: William G. Forhan _____

Address: 5280 N. Ocean Dr. #2F _____

Riviera Beach, FL 33404 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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



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



Date