

P21000009913

(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



700358800987

02/02/21--01001--009 \*\*140.00

FILED

2021 FEB -5 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FL



2021 FEB -1 PM 4: 04

2021 FEB -1 PM 4: 04

RECEIVED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

70

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/1 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** ARTICLES \_\_\_\_\_

**ZING BODY BALANCE, INC**

(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**CIAL  
TRUCTIONS:**

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

COVER LETTER

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

SUBJECT: Zing Body Balance, 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: Dario S. Gristina  
Name (Printed or typed)

300 E. Royal Palm Road, Apt. 24C  
Address

Boca Raton, FL 33432  
City, State & Zip

914-482-0599

Daytime Telephone number

dariog@cplgroupusa.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
FLORIDA DEPARTMENT OF STATE

21 FEB -5 PM 3:39

February 4, 2021

CORPORATE ACCESS

SUBJECT: ZING BODY BALANCE, INC  
Ref. Number: W21000010905

We have received your document for ZING BODY BALANCE, INC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The the words Articles of Incorporation is not legible.

Please return 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) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 921A00002360

*Corrected*

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: Zing Body Balance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 E. Royal Palm Road, Apartment 24C

Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dario S. Gristina/President

Address: 300 E. Royal Palm Road, Apt. 24C

Boca Raton, FL 33432

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

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

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

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

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

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

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

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

FILED  
2021 FEB -5 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Dario S. Gristina  
Address: 300 E. Royal Palm Road, Apt. 24C  
Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

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

Name: Dario S. Gristina  
Address: 300 E. Royal Palm Road, Apt. 24C  
Boca Raton, FL 33432

FILED  
2021 FEB -5 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 days prior or 90 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

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: \_\_\_\_\_

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

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

**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 days prior or 90 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

1/28/2021  
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

1/28/2021

FILED  
2021 FEB -5 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FL