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(Req	uestor's Name)	
(Add	ress)	_
		
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SECRETARY OF STATE
TALL AHASSEE FI COLE

3/10/17



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	CHALLENGES, INC.					
5020	Name of corporation - must include suffix					
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	ate of Good Star	nding" and check are su	act Business in Florida," bmitted to register the		
	return all correspondence conc R RAKHMATOV	erning this matte	to the following:			
		Name of	Person			
TFR &	COMPANY, INC.					
3406 F	LAGLER AVENUE	Firm/Corr	pany			
		Addre	ss	· · · · · · · · · · · · · · · · · · ·		
KEY V	VEST, FL 33040,					
INFO@	TFRANDCOMPANY.COM	City/State a	nd Zip code	·		
	E-mail addi	ess: (to be used t	or future annual report	notification)		
For fur	ther information concerning thi	s matter, please o	eall:			
TIMUE	RAKHMATOV	850 at (356-9833			
	Name of Person	Area Cod	e Daytime Telep	phone Number		
Englos	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
	ed is a check for the following a .00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CHALLENGES	·		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
CHALLENG	ES FL, INC.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)
NEVADA 2.	2	82-1769162	
	y under the law of which it is incorporated)	(FEI number, if applic	ahle)
2/3/2017	,	•	
4(Date	of incorporation) 5.	(Date of duration, if other than	
(Baic	or incorporation)	(Date of duration, if other than	i perpetuai)
6	(0.0		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7934 WEST DRI	VE, APT 1502, NORTH BAY VILLAGE, FL	33141	
7			
	(Princip	al office address)	
			Ξω =
	(Current mailin	g address, if different)	EC?
	·		
8. Name and stree	<u>et address</u> of Florida registered agent: (P.C	. Box <u>NOT</u> acceptable)	L SSE
Name:	TFR & COMPANY, INC.		. Ed a w
· ·········	3406 FLAGLER AVENUE		75 3 C
Office Address:	5400 I EAGLER A VENGE		કે કે ક
	KEY WEST	33040	Şπ ω
	(City)	, Florida (Zip code)	•
	` ,,	(Zip code)	•
9. Registered age	nt's acceptance:		•
Having been nam	ed as registered agent and to accept sorvi	ce of process for the above stated co	rporation at the place
uesignatea in inis further apree to co	application, I hereby accept the appointn omply with the provisions of all statutes re	tent as registered agent and agree to elative to the proper and complete s	o act in this capacity. I
duties, and I am f	amiliar with and accept the obligations of	my position as registered agent.	erjormunce oj my
		•	
	(Registered a	gent's signature)	•
10. Attached is a d	ertificate of existence duly authenticated.	not more than 90 days prior to delive	ery of this application to

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRI	DILKHUSH SOATOV
Address:	7934 WEST DRIVE, APT 1502
	NORTH BAY VILLAGE, FL 33141
Vice Chai	rman:
-	
Director:	
Address:	
Director:	
Address:	
B. OFFI	
President:	DILKHUSH SOATOV
Address:	7934 WEST DRIVE, APT 1502
	NORTH BAY VILLAGE, FL 33141
Vice Presi	dent:
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
are true ai a third de	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. HUSH SOATOV
	(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHALLENGES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 3, 2017.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170803-0360
You may verify this electronic certificate
online at http://www.nvsos.gov/