

P.02000103608

TRANSMITTAL LETTER

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

SUBJECT: Challenge Workout Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900007940829--1

-09/23/02--01029--020

\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: Challenge Workout Incorporated

Name (Printed or typed)

11400 State Road # 7

Address

Boynton Beach, FL 33437

City, State & Zip

561-736-8800

Daytime Telephone number

02 SEP 23 PM 2:55

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

F. 01722377

SEP 25

# 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:

Challenge Workout Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11400 State Road # 7  
Boynton Beach, FL 33437

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal purpose including the education and training of the general public.

## ARTICLE IV SHARES

The number of shares of stock is:

1200 Shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

William D. Guthrie  
Robert J. Geragi  
Earl C. Savino

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Earl C. Savino  
11400 State Road # 7  
Boynton Beach, FL 33437


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Earl C. Savino  
11400 State Road # 7  
Boynton Beach, FL 33437

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

09/11/02

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

09/11/02

\_\_\_\_\_  
Date

02 SEP 23 PM 2:55

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA