FP13000012777

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETALY OF STATE
ALLAHYSSEE THE STATE
ALLAH

STORES FER -8 202

COVER LETTER

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

SUBJECT: Enti	epreneurs Challe	enge Corp		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	I a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: G	ary W Peterson	(Printed or typed)		
18	3010 Tropical Cov			
	A	ddress		
Ta	ampa, FL 33647			
	City, S	State & Zip		
8′	13-220-0332			
	Daytime Te	lephone number		
се	challenge@myvi.ne	for future annual report	notification)	
Pa	yment previo	resty Sub.	ritted	
NOTE: Please provide the original and one copy of the articles.				



January 7, 2013

GARY W PETERSON 1010 TROPICAL COVE DR TAMPA, FL 33647

SUBJECT: CHALLENGE CORPORATION

Ref. Number: W13000001133

We have received your document for CHALLENGE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 813A00000398



MESSIVED

13 JAN 28 AHII: 19

January 16, 2013

GARY W PETERSON 2ND ML 18010 TROPICAL COVE DR TAMPA, FL 33647

SUBJECT: CHALLENGE CORPORATION

Ref. Number: W13000001133

We have received your document for CHALLENGE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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.

Tim Burch Regulatory Specialist II New Filing Section

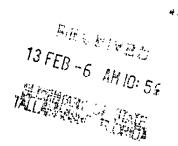
Letter Number: 813A00000398

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Division of Communitions D.O. DOV 0207 Melloharma Florida 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations



January 29, 2013

GARY W PETERSON 18010 TROPICAL COVE DR TAMPA, FL 33647

SUBJECT: ENTREPRENEURS CHALLENGE, CORP.

Ref. Number: W13000001133

We have received your document for ENTREPRENEURS CHALLENGE, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 813A00002231

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PR 8010 Tropic	INCIPAL OFFICE Principal street address Al Cove Dr	Mailin	g address, if different is:
ampa, Fl 33			
RTICLE III PUT he purpose for which	the corporation is organized is:	usiness in such areas as	it sees fit to benefit the corpora
			SECTOR TANK
			FILE
			09 PR 0
RTICLE IV SH	<u>ARES</u> f stock is: 50,000		6
RTICLE V IN	<i>tial officers and/or director</i> _{e:} Gary W. Peterson, Pres.	_	
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	_	25 27 27 27 27 27 27 27 27 27 27 27 27 27
Name and Tite Address	tial officers and/or director e: Gary W. Peterson, Pres. 18010 Tropical Cove Dr	Name and Title: Address:	05
Name and Tite Address	TIAL OFFICERS AND/OR DIRECTOR c: Gary W. Peterson, Pres. 18010 Tropical Cove Dr Tampa, FL 33647	Name and Title: Address: Name and Title: Address:	05
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Gary W. Peterson, Pres. 18010 Tropical Cove Dr Tampa, FL 33647	Name and Title: Address: Name and Title: Address:	05

Name and T	Title: Nam	e and Title:
Address	Add	ress:
	<u>REGISTERED AGENT</u> <u>ida street address</u> (P.O. Box NOT acceptable) of the re	gistered agent is:
Name:		
Address:	GARY W PETERSON 18010 TROPICAL COVE TAMPA, FL 3364	DR 7 ASS 7
_	1AM DA FC 3364	FEB B FEB ECRET
ARTICLE VII	INCORPORATOR	
The <u>name and addr</u>	ress of the Incorporator is:	Y OF PM
Name:	Gary W Peterson	- See
Address:	18010 Tropical Cove Dr	11
	Tampa, FL 33647	
	d as registered agent to accept service of process for the familiar with and accept the appointment as registered Required Signature/Registered Agent	d agent and agree to act in this capacity
I submit this docum document to the De	nent and affirm that the facts stated herein are true. It partment of State constitutes a third degree felony as proceedings of the Required Signature/Incorporator	am aware that the false information submitted in a rovided for in s.817.155, F.S.
ر دورکاس		