

P22000048352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

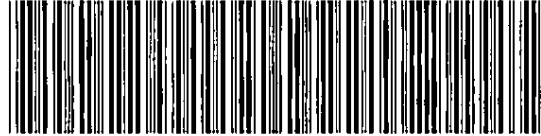
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Special Instructions to Filing Officer:

W22000077714

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06/09/22 10:24:00 4407.50

FILED RECEIVED  
2022 JUN -9 AM 10:27  
2022 JUN -9 PM 2:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2022

LESBIA SEGURA  
3203 S ORANGE BLOSSOM TRL #206  
KISSIMMEE, FL 34746 US

SUBJECT: PAY IT FORWARD INC  
Ref. Number: W22000077714

We have received your document for PAY IT FORWARD INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L10000100669.

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.

Coates Brianna  
Regulatory Specialists II

Letter Number: 122A00013004

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN -9 AM 10:27

LEB

## COVER LETTER

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

SUBJECT: **PAY IT FORWARD 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: **VICTORIA LISBOA**

Name (Printed or typed)

**6826 ORANGE AVE**

Address

**INDIAN LAKE ESTATES, FL 33855**

City, State & Zip

**817-659-9286**

Daytime Telephone number

**VICKYLISBOA47@GMAIL.COM**

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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314

2022 JUN -9 AM 10:27

LEL

**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: CHALLENGE ZONE, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

6826 ORANGE AVE

INDIAN LAKE ESTATES , FL 33855

Mailing address, if different is:

6826 ORANGE AVE

INDIAN LAKE ESTATES , FL 33855

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTORIA LISBORA, P

Address 6826 ORANGE AVE  
INDIAN LAKE ESTATES , FL 33855

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746

**ARTICLE VII INCORPORATOR**

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

Name: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 9, 2022 (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

06/09/2022

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

06/09/2022

Date