

N120000001727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

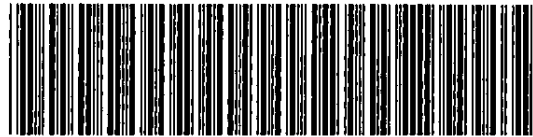
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert Macon GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article 34
DATE 2/15/12
DOC. EXAM MRD

Office Use Only



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02/14/12--01014--011 **88.00

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12 FEB 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/15/12

COVER LETTER

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

SUBJECT: **CHESS SERVICES CORPORATION**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: **Robert L. Macon**
Name (Printed or typed)

519 NE 83rd Street, Suite 11
Address

Miami, Florida 33138
City, State & Zip

305-986-4116
Robert Macon Daytime Telephone number

lovita.richardson@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **Chess Services Corporation**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Robert Macon

519 NE 83rd Street, Suite 11

Miami, Florida 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Social Services and Economic Development

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Macon P-C-D

Address: 519 NE 83rd Street, Suite 11

Miami, Florida 33138

Name and Title: Jessie Sweezer D

Address: 519 NE 83rd Street, Suite 11

Miami, Florida 33138

Name and Title: Lovita Richardson VP-S

Address: P.O.Box 381196

Miami, Florida 33238

Name and Title: _____

Address: _____

Name and Title: Warren Sharpp T-D

Address: 5617 NW 7th Avenue

Miami, Florida 33127

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lovita Richardson

Address: 519 NE 83rd Street

Suite 11

Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lovita Richardson

Address: P.O.Box 381196

Miami, Florida 33238

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

02-05-2012

Date

Lovita Richardson
Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

02-05-2012

Date

Lovita Richardson
Required Signature of Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA