

N150000000062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

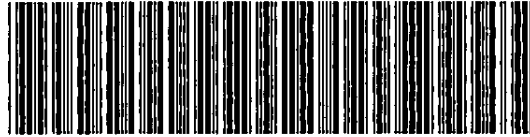
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: POMPANO CHESS CLUB, INC  
(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: CONSTANTINE XANTHOS  
Name (Printed or typed)

4050 N. OCEAN DR., UNIT 204  
Address

LAUDERDALE BY THE SEA, FL 33308  
City, State & Zip

954.228.7536  
Daytime Telephone number

CJXANTHOS@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: POMPAHO CHESS CLUB, INC.

Principal street address:

90 XANTHOS, UNIT 204

4050 N. OCEAN DR.

LAUDERDALE BY THE SEA, FL 33308

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROMOTE CHESS ACTIVITIES

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ALLAHASSEN FLORIDA

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

ANNUAL ELECTION BY THE MEMBERSHIP

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TREASURER + SECRETARY and Title: PRESIDENT

Address: ELPIDIO MUNIZ Address: CONSTANTINE XANTHOS  
664 SE 20<sup>th</sup> AVE., APT. 5 4050 N. OCEAN DR., UNIT 204  
DEERFIELD BEACH FL 33441 LAUDERDALE BY THE SEA FL  
33308

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

Address: ELPIDIO MUNIZ Address: \_\_\_\_\_  
664 SE 20<sup>th</sup> AVE, APT. 5  
DEERFIELD BEACH FL 33441

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and address of the registered agent is:

Name:

CONSTANTINE XANTHOS

Address:

4050 N. OCEAN DR., UNIT 204

LAUDERDALE BY THE SEA, FL 33308

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TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

CONSTANTINE XANTHOS

Address:

4050 N. OCEAN DR., UNIT 204

LAUDERDALE BY THE SEA, FL 33308

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I do hereby certify that I am a resident of the State of Florida and am qualified to accept service of process for the above stated corporation at the place designated in this certificate.

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document

Required Signature of Incorporator

Date

**ARTICLE IX EFFECTIVE DATE**

THIS INCORPORATION IS TO BECOME EFFECTIVE JANUARY 1, 2015. SHOULD REGISTRATION BY THE STATE OF FLORIDA NOT BE COMPLETED BY JANUARY 1, 2015, THEN INCORPORATION IS TO BECOME EFFECTIVE ON THE DATE ON WHICH REGISTRATION IS COMPLETED