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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: POMPANO CHESS CLUB, INC.

Principal street address:

C/O 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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TALLAHASSEE 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
664 SE 20th AVE., APT. 5
DEERFIELD BEACH FL 33441

Address: CONSTANTINE XANTHOS
4050 N. OCEAN DR., UNIT 204
LAUDERDALE BY THE SEA FL 33308

Name and Title: SECRETARY Name and Title:

Address: ELPIDIO MUNIZ
664 SE 20th 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: _____

_____ _____

_____ _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: CONSTANTINE XANTHOS

Address: 4050 N. OCEAN DR., UNIT 204
LAUDERDALE BY THE SEA, FL 33308

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 hereby [illegible] ***to accept the appointment as registered agent and agree to act in this capacity.***

_____ CONSTANTINE XANTHOS 12/23/14
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 [illegible]

_____ CONSTANTINE XANTHOS 12/23/14
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