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## COVER LETTER

2018-19 11:58

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

**SUBJECT:** The Chess Challenge 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:** Rafael Lopez  
\_\_\_\_\_  
Name (Printed or typed)

1640 Phalrose Lane  
\_\_\_\_\_  
Address

Cantonment, FL 32533  
\_\_\_\_\_  
City, State & Zip

(850)-723-5362  
\_\_\_\_\_  
Daytime Telephone number

thechesschallenge.com@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: The Chess Challenge Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1640 Phalrose Lane

Cantonment, FL 32533

Mailing address, if different is:

1640 Phalrose Lane

Cantonment, FL 32533

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for charitable and educational purposes under section 501c3  
of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

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

Name and Title: Rafael Lopez, President

Address: 1640 Phalrose Lane  
Cantonment, FL 32533

Name and Title: Megan Lopez, Treasurer and Sec.

Address: 1640 Phalrose Lane  
Cantonment, FL 32533

Name and Title: Judy Lopez, Vice President

Address: 1640 Phalrose Lane  
Cantonment, FL 32533

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

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

**ARTICLE VII INCORPORATOR**

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

Name: Rafael Lopez \_\_\_\_\_

Address: 1640 Phalrose Lane \_\_\_\_\_

Cantonment, FL 32533 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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 of Registered Agent

7/14/2021  
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 to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

7/14/2021  
Date