

N 130000003797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

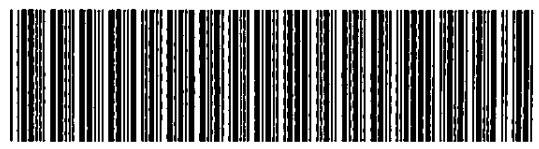
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 APR 19 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 4/16/13

MRS  
4/22/13

**COVER LETTER**

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

**SUBJECT:** The Select Few, 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:** Birthrite Services, Inc  
Name (Printed or typed)

3140 N.W. 165 Street  
Address

Miami Gardens, Fl 33054  
City, State & Zip

9305) 450-9617  
Daytime Telephone number

mrartday@birthriteservicesinc.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: The Select Few, Inc

13 APR 19 PM 1:31

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3830 Lyons Rd suite 303  
Coconut Creek, Fl 33073

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 4/16/13

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To renovate and remodel not for profit properties, as

a charitable entity. Paragraph 1- Said corporation is organized exclusively for charitable, religious and educational purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue code or corresponding section of any future federal tax code.

Paragraph II Dissolution Clause- On the dissolution or winding up of said corporation, all assets remaining after payment, or provisions of payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized exclusively for Religious, charitable and educational purposes under section 501 of the Internal Revenue code. All articles and/or amendments of said corporation shall be terminated.

Paragraph III Effective Date of this corporation shall be 04/16/2013

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors shall be agreed upon and appointed by the officers for an initial term of one year.

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

Name and Title: Johnathan Marshall, Pres

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

Address 3830 Lyons Rd #303  
Coconut Creek, Fl 33073

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

Name and Title: David Green V.P.

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

Address 2735 NW 54 Street  
Miami, Fl 33147

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

Name and Title: Beatrice Martin SECT

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

Address 1811 NW 201 Street  
Miami Gardens, Fl 33056

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

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

Address \_\_\_\_\_ Address: 13 APR 19 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Johnathan Marshall

Address: 3830 Lyons Road #303

Coconut Creek, FI 33073

**ARTICLE VII INCORPORATOR**

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

Name: Johnathan Marshall

Address: 3830 Lyons Rd # 303

Coconut Creek, FI 33073

*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

4/16/2013

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

4/16/2013

Date