

Division of Corporations  
Florida Department of State  
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# F19000003007

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

## FOREIGN PROFIT/NONPROFIT CORPORATION Multifamily Select, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

19 JUL - 1 PM 14:19

19 JUL - 1 PM 10:38  
RECEIVED  
TALLAHASSEE, FLORIDA

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Multifamily Select, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
North Carolina
2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)  
July 14, 2011 Perpetual
4. (Date of incorporation) 5. (Date of duration, if other than perpetual)  
N/A
6. (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
300 East John Street, Suite 138, Matthews, NC 28105-4939
7. (Principal office address)  
Same  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: 

(Registered agent's signature)

M. E. Jones, Asst. Sec'y.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: H. Scout NeelyAddress: 300 East John Street, Suite 138, Matthews, NC 28105-4939Vice Chairman: Michael R. JameysonAddress: 300 East John Street, Suite 138, Matthews, NC 28105-4939Director: Tervolia TroxlerAddress: 300 East John Street, Suite 138, Matthews, NC 28105-4939Director: Lucinda WilliamsAddress: 300 East John Street, Suite 138, Matthews, NC 28105-4939**B. OFFICERS**President: Michael R. JameysonAddress: 300 East John Street Suite 138  
Matthews, NC 28105-4939Vice President: Matthew S. NeelyAddress: 300 East John Street, Suite 138  
Matthews, NC 28105-4939Secretary: Amanda SchrumAddress: 300 East John Street, Suite 138 Matthews, NC 28105-4939

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Michael R. Jameyson, President

(Typed or printed name and capacity of person signing application)

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 STATE DEPT OF STATE  
 TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **MULTIFAMILY SELECT, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of July, 2011, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of July, 2019.

*Elaine F. Marshall*

Secretary of State