79500012138 TRANSMITTAL LETTER

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

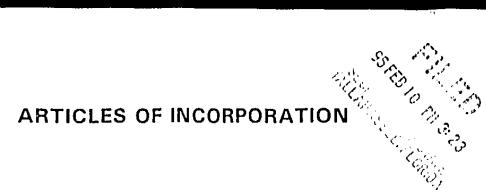
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Enclosed is an original for : \$70.00	and one (1) co	py of the articles of	incorporation an	d a check
Filing Foo	Filing Foo & Certificate	Filing Fee & Certified Copy	Filing Fea, Certified Copy & Cortificate	ST SEE STATE
FROM:		nne Timm		
<u>Biz</u> Address:	6401 Namy 44444	p (printed or typed) We St Shore White History Address	Blvd. #51 #104_	3. 23 3. 10killy
	Tampa	m miliones a	# 336/6	
		3/3) 288-/94 e Telephone number	4	

Apartment Finders of Tampa Bay, Inc.
(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.

Mailing address: IIII N. Westshore Blud. #409 Tampa, FL. 33607



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Apartment Ainders of Tampa Bay, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Place of business: 6401 S. Westshore Blvd. #513 Tampa, FL. 33616

mailing address: 1111 N. Westshore Blvd. #409
Tampa, FC. 33607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shoves

ARTICLE IV <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Lange for Bigg

ARTICLE V INCORPORATOR(S)

The name(s) and street address(as) of the incorporator(s) to those Articles of incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of helocoly, 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	e of the corporation is:	Alexartment	Jindi s	of Tampe Bay In
2. The name	e and address of the re	-		
	Suu	inne Timm		STEB STEB
	1111 N.	(Name) LVC S/S/162e	11409	10 PH 10 PH
	(P.C.)	(Name) (Name) (Name) (VC 5/5/162e O. Box not acceptable) (City/State/Zip)	07	10 FH 3: 23
		(City/atate/Zip)		•
Having been above stated he appointr to comply wi mance of my as registered	n named as registered a d corporation at the plac nent as registered agen ith the provisions of all s v duties, and I am familia d agent.	igent and to accept se ce designated in this t it and agree to act in t statutes relating to th or with and accept the	ervice of proce certificate, I h his capacity, e proper and cobligations (ess for the nereby accept I further agree complete perfor- of my position
	STinin		2/5	195
	(Signature)		(Date)	