TRANSMITTAL LETTER 17

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

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SUBJECT: Apartment Finders of Tampa Bay Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origina	l and one(1) copy of the articl	es of incorporation and a	check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee. & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Suzanne Armstrong Name (Printed or typed)			
	5701 Bahia Del	Mar #202 Address		
St Pete, FI 33715 City, State & Zip				
	727-865-1771 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under Business Corporation Act, hereby adopts the following Articles of Incorporation ARTICLE I NAME The name of the corporation shall be: Apartment Finders of Target Apartment Finde	TALLAHASSED STATE			
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation sl 5701 Bahia Del Mar #202 St. Pete, F				
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have 500 shares at \$1.00 par value	outstanding at any one time is:			
ARTICLE IV INITIAL REGISTERED AGENT AND STR The name and Florida street address of the initial registered agent are: Suzanne Armstrong 5701 Bahia Del Mar #202, St Pete, Fl 337 ARTICLE V INCORPORATOR				
The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Suzanne Armstrong 5701 Bahia Del Mar #202 St Pete, Fl 33715				
Signature/Incorporator	6/26/99 Date			
(An additional article must be added if an effective	e date is requested.)			
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.				
obligations of my position as registered agent MS+WY Signature/Registered Agent	6/26/99 Date			