

L04000019500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200029513722

03/04/04--01060--014 \*\*125.00

03/12/04  
FILED STATE  
SECRETARY OF CORPORATIONS  
04 MAR -14 PM 3:56

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

I.A.P., LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William E. Taylor

(Name of Person)

Seven Kings Holdings Inc

(Firm/Company)

801 Uno Lago Dr

(Address)

Juno Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

William E. Taylor

(Name of Person)

at ( 561 ) 625-9443

(Area Code & Daytime Telephone Number)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
04 MAR - 4 PM 3:56

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

I. A. P. , LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

801 Uno Lago Dr  
Juno Beach FL 33408

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

William E Taylor  
Name

500 Uno Lago Dr #205  
Florida street address (P.O. Box NOT acceptable)

Juno Beach FLORIDA 33408  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -4 PM 3:56

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes..*

William E. Taylor  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Raymond E. Graziotto  
19651 N. Riverside Dr  
TEQUESTA FL 33469

MGRM

J. C. Solomon, II  
801 Uno Lago Dr  
Juno Beach, FL 33408

\_\_\_\_\_

\_\_\_\_\_

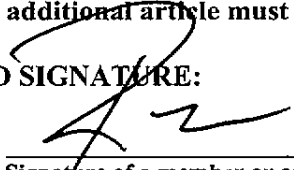
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Raymond E. Graziotto  
Typed or printed name of signee

FILED  
STATE  
SECRETARY OF CORPORATIONS  
04 MAR -4 PM 3:57

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)