

L16000048000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 MAR -2 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-10-16

**THOMAS E. SHIPP, JR.**  
**ATTORNEY AT LAW**

1222 SE 47th Street  
Cape Coral, Florida 33904  
239.542.1131

February 27, 2016

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

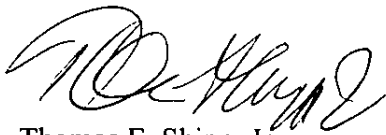
RE: Filing Articles of Organization for 4 LLCs

Enclosed for filing are Articles of Organization for the following LLCs:

4608 SE 4th PLACE, LLC  
4931 VINCENNES COURT, LLC  
1009 SE 46th LANE, LLC  
879 SE 46th LANE, LLC

Attached to each of the Articles is a separate check for \$125.00 for the filing and registered agent fees. Please confirm the acceptance and filing of these documents.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Shipp, Jr.', with a stylized flourish at the end.

Thomas E. Shipp, Jr.

**ARTICLES OF ORGANIZATION  
OF  
4931 VINCENNES COURT, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is 4931 VINCENNES COURT, LLC,  
("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
245 SW 46th Street  
Cape Coral, Florida 33914

Mailing Address:  
245 SW 46th Street  
Cape Coral, Florida 33914

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Patricia Dershem  
245 SW 46th Street  
Cape Coral, Florida 33914

*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 605, F.S.*

  
\_\_\_\_\_  
Patricia Dershem

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

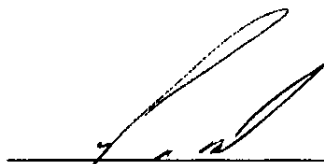
MGR

Name and Address:

Patricia Dershem  
245 SW 46th Street  
Cape Coral, Florida 33914

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Patricia Dershem

\_\_\_\_\_  
Typed or printed name of signee