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(Requestor's Name)

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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

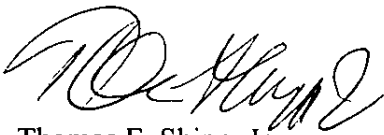
RE: Filing Articles of Organization for 4 LLCs

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,



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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TALLAHASSEE, FLORIDA

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