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# COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	RSWAIRPORTPARKING.COM	LLC	
SUBJECT		Limited Liabili	y Company
The enclos	ed Articles of Organization and fee(s)	) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	Elizabeth A. Strole		
		Name of	Person
	Rome Clifford Katz & Koerner, LL	p	
	· · · · · · · · · · · · · · · · · · ·	Firm/Cor	npany
	214 Main Street		
,		Addre	SS
	Hartford CT 06106		
		City/State and	Zip Code
-	estrole@rckklaw.com  E-mail address: (to be us	sed for future ar	unual report notification)
For further is	nformation concerning this matter, ple	ease call:	
	Elizabeth A. Strole	860	310-2218
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Siling Fee & Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1 I (	treet Address  New Filing Section  Division of Corporations  Clifton Building  661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	۸	R	I,I	CI	Æ.	1 -	N	a n	ıe	:
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The name of the Limited Liability Company is:

RSWAirportParking.com LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

# **Principal Office Address:**

Mailing Address:

10431 Radar Court	10431 Radar Court
Ft. Myers, FL 33913	Ft. Myers, FL 33913

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Guy Piccolo		
	Name	
10520 Marino Pointe	: Drive #501	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Miromar Lakes	FL	33913
City	State	Zip

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 statuted 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 OCT -2 PH 2: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	Inccessary)  2. if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address;	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  To serve than five business days prior to or 90 d filing.)  (OPTIONAL)  (OPTIONAL)	necessary)  2. if other than the date of filing:			
Miromar Lakes FL 33913  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	Miromar Lakes FL 33913  necessary)  i. if other than the date of filing:	MGR	Guy Piccolo	
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	necessary)  2. if other than the date of filing:	<del></del>		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filling:	necessary)  2. if other than the date of filing:		Miromar Lakes FL 33913	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filling:	necessary)  2. if other than the date of filing:			
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	signature of member of an authorized representative of a member.  Is is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, in aware that any false information submitted in a document to the Department of State.  Signature of member of an authorized representative of a member.  Is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, in aware that any false information submitted in a document to the Department of Silve.  Signature of member of an authorized representative of a member.  Is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, in aware that any false information submitted in a document to the Department of Silve.  Silve Piccolo  Typed or printed name of signee  Filing Fees:  ee for Articles of Organization and Designation of Registered Agent d Copy (Optional)  at e of Status (Optional)			
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