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SECRETARY OF STATE





ACCOUNT NO. : 072100000032

REFERENCE: 509583

7155110

CE MINO PARTIES

AUTHORIZATION

COST LIMIT _ \$ 125.00

ORDER DATE: July 27, 2005

ORDER TIME : 12:42 PM

ORDER NO. : 509583-040

CUSTOMER NO: 7155110

CUSTOMER: Valerie Coulson

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

FOREIGN FILINGS

NAME: RCI CARLYLE NO. 2, LLC

<u>KXXX</u> QUALIFICATION (TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY ___CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign Limited Liability Company)
Delaware	3. 20-3092485
(Jurisdiction unde company is organ	er the law of which foreign limited liability (FEI number, if applicable)
company is organ	(C) A
June 1, 200	5 perpetual
(D)	5. perpetual (Duration: Year limited liability company will cease to
	exist or "perpetual")
	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
1 Campus	Drive, Parsippany, NJ 07054
	-
<u> </u>	(Street Address of Principal Office)
	(Site of Audit 2005 of Time pur Office)
761:	ility common is a manager managed common charle hara
ii iiimied nac	oility company is a manager-managed company, check here
The name and	d usual business addresses of the managing members or managers are as follows:
-718 7	alderses of the World III Cole member
Leading Re	sidences of the World, LLC, Sole member
	sidences of the World, LLC, Sole member prive, Parsippany, NJ 07054
1 Campus D	rive, Parsippany, NJ 07054
1 Campus D	rive, Parsippany, NJ 07054 riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec
1 Campus D O. Attached is an o	rive, Parsippany, NJ 07054 riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recent law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
1 Campus D O. Attached is an one jurisdiction under	rive, Parsippany, NJ 07054 riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec
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1 Campus D O. Attached is an one jurisdiction under anslation of the certain of the certain statute of both the certain statute of the certain statute of both the certain statute of statute of statute of both the certain statute of statute o	riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recent he law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a difficate under eath of the translator must be submitted.) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
1 Campus D 0. Attached is an one jurisdiction under canslation of the certain lands of the c	riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recent the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a rifficate under oath of the translator must be submitted.) usiness or purposes to be conducted or promoted in Florida: Vacation timeshare exceptable. Signature of a member or an authorized representative of a member.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: RCI Carlyle No. 2 LLC				
TOT COLLY	20 100 22 1100			
2. The nan	ne and the Florida street addr	ress of the registered agent and office are:		
	Corporation Service	e Company		
		(Name)		
	1201 Hays Street			
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301		
		City/State/Zip		
liability coi agent and c relating to obligations	mpany at the place designated agree to act in this capacity. I the proper and complete perfo s of my position as registered o	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as reging I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes.	isterea	
liability coi agent and c relating to obligations	mpany at the place designated agree to act in this capacity. I the proper and complete perfo	d in this certificate, I hereby accept the appointment as regi I further agree to comply with the provisions of all statutes ormance of my duties, and I am familiar with and accept th	isterea	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RCI CARLYLE NO. 2 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RCI CARLYLE NO. 2 LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



3981688 8300

Warriet Smith Windson

AUTHENTICATION: 4051768

050620670 DATE: 07-27-05