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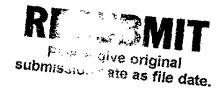
#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 7, 2003

SUSIE KNIGHT CSC

SUBJECT: EXTRA HOLIDAYS, LLC

Ref. Number: W03000013117



We have received your document for EXTRA HOLIDAYS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being retained for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 303A00028335





## RESUBMIT

Please give original submission date as file date

	submission date as file date.				
ACCOUNT NO. :	072100000032				
REFERENCE -:	083515	55110			
AUTHORIZATION :	Totricia	houts			
COST LIMIT :	\$ 2225.00	18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
ORDER DATE: May 6, 2003					
ORDER TIME : 9:57 AM	-	_			
ORDER NO. : 083515-005	-	and the second			
CUSTOMER NO: 7155110	·				
CUSTOMER: Ms. Ann Reid Cendant Corporation 1 Campus Drive		, - -	03 KAY -7 PA SECKETATY OF TALLANASSEE, I		
Parsippany, NJ 07054		- 4e/ 	PH 12: 14 CF STATE CF STATE		
FOREIGN FIL	INGS				
NAME: EXTRA HOLIDAYS,	LLC				
XXXX QUALIFICATION (TYPE: LL)	=	···p			
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN	DING				
CONTACT PERSON: Susie Knight					
	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: 1. Extra Holidays, LLC (Name of foreign limited liability company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 12/3/1997 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. August, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 6 Sylvan Way, Parsippany, New Jersey (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: RCI Resort Management, Inc., 6 Sylvan Way, 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Making reservations for and selling travel and related services. menioer or an authorized representative of a member.

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

Lynn A. Feldman, VP and Assistant Secretary 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 Lia	bility Comp	any is:		-	
Extra Holidays, LLC	<u></u>	=			
2. The name and the Florida str	eet address o	of the registere	ed agent and offi	ce are:	
	Corporati	lon Service (Name)	e Company	<del></del>	
	120		201		WSEE,
Flo		1 Hays Str ress (P.O. Box N	OT ACCEPTABLE)	··	FLORID
Talla	hassee , .	FL	32301	- E	
	(C	ity/State/Zip)			
Having been named as registered liability company at the place de registered agent and agree to ac statutes relating to the proper an accept the obligations of my post (Signature)	signated in the tin this capa d complete ption as register.  Brian	his certificate, city. I further performance of	I hereby accept a agree to comply f my duties, and I	the appointm with the pro I am familiar	ent as visions of all with and
	\$ 100.00	Filing Fee f	or Application		
1	\$ 25.00	Designation	of Registered A	Agent	
	\$ 30.00		opy (optional)	10	
	\$ 5.00	Certificate	of Status (optior	iai)	

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTRA HOLIDAYS, 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 SIXTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXTRA HOLIDAYS, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 1997.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2402504

DATE: 05-06-03

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