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SERVICE COMPANY~
ACCOUNT NO. : 072100000032
REFERENCE : _509583 7155110
AUTHORIZATION : latticia guit
COST LIMIT : \$ 125.00
ORDER DATE : July 27, 2005
ORDER TIME: 12:42 PM
ORDER NO. : 509583-035
CUSTOMER NO: 7155110
CUSTOMER: Valerie Coulson Cendant Corporation 1 Campus Drive
Parsippany, NJ 07054
FOREIGN FILINGS
NAME: RCI CARLYLE NO. 1, LLC
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Sara Lea EXT# 2914 EXAMINER:



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

RCI Carlyle No. 1 LLC	Marin and the second of the se
(Name of	Foreign Limited Liability Company)
Delaware	3. 20-3092485
(Jurisdiction under the law of which foreign	limited liability (FEI number, if applicable)
company is organized)	and the second s
June 1, 2005	5 -perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
د من بدار د مسیح	ted business in Florida, if prior to registration.)
(Date first transac (See sections 608.56	ted business in Florida, if prior to registration.) 01 & 608.502 F.S. to determine penalty liability)
. 1 Campus Drive, Parsippany	, NJ 07054
	(Street Address of Principal Office)
The name and usual business address	sses of the managing members or managers are as follows:
. The name and usual business address	sses of the managing members or managers are as follows:
. The name and usual business address	sses of the managing members or managers are as follows:
. The name and usual business address	sses of the managing members or managers are as follows:
The name and usual business address Leading Residences of the Wo 1 Campus Drive, Parsippany, 0. Attached is an original certificate of existence	e, no more than 90 days old, duly authenticated by the official having custody of receptived. (A photocopy is not acceptable. If the certificate is in a foreign language, a
The name and usual business address Leading Residences of the Wo Leading Residences of the Wo Campus Drive, Parsippany, O. Attached is an original certificate of existence are jurisdiction under the law of which it is organ anslation of the certificate under oath of the trans	e, no more than 90 days old, duly authenticated by the official having custody of receptived. (A photocopy is not acceptable. If the certificate is in a foreign language, a
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The name and usual business address Leading Residences of the Wo 1 Campus Drive, Parsippany, O. Attached is an original certificate of existence rejurisdiction under the law of which it is organization of the certificate under eath of the translation. 1. Nature of business or purposes to 1	e, no more than 90 days old, duly authenticated by the official having custody of receptable. If the certificate is in a foreign language, a relator must be submitted.)
Leading Residences of the Wo 1 Campus Drive, Parsippany, 0. Attached is an original certificate of existence rejurisdiction under the law of which it is organ anslation of the certificate under eath of the translation. 1. Nature of business or purposes to lexchange Signature of a maccordance with seconds.	e, no more than 90 days old, duly authenticated by the official having custody of recrized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relator must be submitted.)

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.

RCI Carlyle N 2. The name an	ad the Florida street address of the registered agent and office are:
2. 1110 1101110 011	and I roundly business of the regional angles and arrive more
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FI 32301
	City/State/Zip
liability companagent and agree relating to the p	med as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes broper and complete performance of my duties, and I am familiar with and accept the by position as registered agent as provided for in Chapter 608, Florida Statutes.

By:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RCI CARLYLE NO.1 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.1 LLC" WAS FORMED ON THE FIRST 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.



Darriet Smith Windson Secretary of State

AUTHENTICATION: 4051764

DATE: 07-27-05

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