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SECRETARY OF STATE,

#### · COVER LETTER

Division of Corporations	
SUBJECT: Royalty Hollady 5 (Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busine Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limit liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	
Murdo Ali	_
(Name of Person)	
Royalty Holidays LLC	
(Fillin Company)	
1415 Holsey Way Suite 310 (Address)	
Carrollton TX 75007 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	31
Mund Al' at (977) 345 9404 ex 3500 (Name of Person) (Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	J
Enclosed is a check for the following amount:    \$125.00 Filing Fee	

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

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 1415 History Way Suite 310  Carrolton TX 75007  (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:  5trategia Management Sout (un) LLC  337 Transacty Orive Suite D Box 4470 Lake takes, NN 39449  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official fixing 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 fixed narriange, a manslation of the certificate under eath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida:  Viction packages  Signature of a member or an authorized representative of a member.		SECTION 608.503, FLORIDA ANY TOTRANSACT RUSINES			TO REGISTER A FOR	REIGI
2. (Surisdiction under the law of which foreign limited liability company is organized) 4. 3/13/2005 5. Cer petual (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. [His Hisey Way Suite 310] (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:  Strategic Munagement Sulvium; LHC  337 Transaction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a timeter hardinger, a manager of the translation of the certificate under ceath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida:  Viction packages  Signature of a member or an authorized representative of a member.	1	0 1 11	11 11/			
4. 3/13/2005 (Date of Organization)  5. (Duration: Year limited liability company will cease to exist or 'perpetual')  6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7.   HIS Histey Way Suite 310  Corrollton TX 75007  (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:  5 Trategic Management Solutions LLC  37 Transact Orive Suite D Box 4470 Lake those, NV 39449  10. Attached is an original certificate of existence, no more than 90 days old, duly autherticated by the official faving 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 figiginal 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:  Wildliam packages  Signature of a member or an authorized representative of a member.	1.	(Name of Foreign	Limited Liability Comp	oany)		
4. 3/13/2005 (Date of Organization)  5. (Duration: Year limited liability company will cease to exist or 'perpetual')  6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7.   HIS Histey Way Suite 310  Corrollton TX 75007  (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:  5 Trategic Management Solutions LLC  37 Transact Orive Suite D Box 4470 Lake those, NV 39449  10. Attached is an original certificate of existence, no more than 90 days old, duly autherticated by the official faving 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 figiginal 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:  Wildliam packages  Signature of a member or an authorized representative of a member.	2. <u>Te</u>	X45.	3	20-29405	81	
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Signature of a member or an authorized representative of a member.	11. Nature of business	s or purposes to be cond	lucted or promoted	in Florida: We se	ALCO TO	1
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(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.)		an affirmation under the penal	ties of perjury that the fac	ts stated herein are true.)		
Typed or printed name of signee	,	Typed c	70 ///. or printed name of si	gnee		

## 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:

Name)  S347 NW 99 Lanc  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Coral Springs FL 33076  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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the abiligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	Royalty Holidays	
Florida Street Address (P.O. Box NOT ACCEPTABLE)  Coval Spring, FL 33076  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 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 608, Florida Statutes.	2. The name and the Florida street address of the registered agent and office are:	
Florida Street Address (P.O. Box NOT ACCEPTABLE)  Coval Spring, FL 33076  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 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 608, Florida Statutes.	MANSOOR R. ALI	
Florida Street Address (P.O. Box NOT ACCEPTABLE)  Corol Somas FL 33076  (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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the aboligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	(Name)	
Coval Sorgas FL 33076  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 608, Florida Statutes.		
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(Signature)  (Signature)  FLORICE  STATE  ST	(Signature)	

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Roger Williams Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



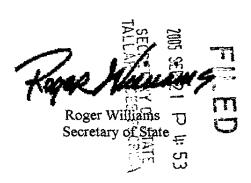
### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Royalty Holidays, LLC (filing number: 800470512), a Domestic Limited Liability Company (LLC), was filed in this office on March 23, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 16, 2005.





Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TTY: 7-1-1 Document: 103488220002