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TO:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company KPJ Islamorada LLC

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#160.00

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G. MCLEOD

JUL 19 2010

EXAMINER

COVER LETTER

SUBJECT:		KPJ Islamorada LLC	
		Name of Limited Liability Company	_
The nuclosed "Appl Existence, and chec	ication by Foreign Limited l k are submitted to register th	Liability Company for Authorization to Transact Business as above referenced foreign limited liability company to to	in Florida," Certificate of ansact business in Florida
Picaso return all cor	tespondence concerning this	matter to the following:	
_		Mikael Andren	
		Name of Person	
		Tudor Investment Company	
		Fixm/Company	
_		One American Lane	
		Address	
		Greenwich, Connecticut 0683	75 SE
		City/State and Zip Code	CRE U
		mikael.andren@jnsgrp.com	
•		s: (to be used for future annual report notification)	
For further informat	ion concerning this matter, p	please call:	
	Mikael Andren	at (203) 863-6700	
	Name of Person	Area Code & Daytime Telephone Number	
	ADDRESS:	STREET ADDRESS: Division of Corporations	
Registration		Registration Section	
P.O. Box 6:	• •	Clifton Building	
r erustvasses	, FL 32314	2661 Executive Center Circle Talkhussee, FL 32301	
Dualand in a sha	ck for the following am		

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

IN COMPLIANCE WITH SECTION 604508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
COMME	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the want of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilityany," "L.L.C," "LLC.")	vritlen Ty
2	Delaware 3. 27-1303920	
(Ju	Delaware 3. 27-1303920 risdiction under the law of which foreign limited liability (FHI number, if applicable) upany is organized)	
4, _	10/15/2009 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to	•
	(Date of Organization) (Duration: Year limited liability company will coase to exist or "perpenual")	
6. <u>N</u>	/A	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	=
7. <u>83</u>	3230 Overseas Highway, Islamorada, Florida 33036	0
-	THE PARTY OF THE P	
_	(Street Address of Principal Office) なみご	16
8. If	Flimited liability company is a manager-managed company, check here	
9. T	he name and usual business addresses of the managing members or managers are as follows:	PH :: 44
<u> </u>	KPJ Yoga LLC, c/o Tudor Investment Company, One American Lane, Greenwich, Connecticut 06831	*
• -		
ficju	stached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under each of the translator must be submitted.)	rds in
11. 1	Nature of business or purposes to be conducted or promoted in Florida: Operation of a yoga studio.	
_	Zona You	
	Signature of a member of an authorized representative of a member, (in accordance with action 608,408(3), P.S., the execution of this document constitutes an affirmation under the proxities of perjury that the facts stated herein are true.)	
	Zena W. Yoslov	
	Typed or printed name of signee	

4 . . .

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.

KPJ Islamorada LLC						
If unavailable, the	If unavailable, the alternate to be used in the state of Florida is:					
2. The name and	the Florida street address of the registered agent and office are:					
_	C T Corporation System					
	(Name)					
	1200 South Pine Island Road					
	Plorida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation FL 33324					
_	City/State/Zip					
Umdan ham nama	d as registered agent and to accept service of process for the above stated limited					
liability company of agent and agree to relating to the propobligations of my p	at the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes over and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.					
liability company of agent and agree to relating to the propobligations of my p	act in this capacity. I further agree to comply with the provisions of all statutes oer and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.					
liability company of agent and agree to relating to the propobligations of my page CT Com	act in this capacity. I further agree to comply with the provisions of all statutes per and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes. Statute System (Signature)					
liability company of agent and agree to relating to the propobligations of my page CT Com	act in this capacity. I further agree to comply with the provisions of all statutes over and complete performance of my duties, and I am familiar with and accept the resition as registered agent as provided for in Chapter 608, Florida Statutes. Constitute System 1 (Signature)					
liability company of agent and agree to relating to the propobligations of my page CT Com	act in this capacity. I further agree to comply with the provisions of all statutes of and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes. Statuted Statutes St					

Delaware

DACE:

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "KPJ ISLAMORADA 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 SEON, AS OF THE SIXTEENTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

BEEN PAID TO DATE.

4742574 8300

100748487

You may verify this Certificate online at cosp. delaware.gov/authver.shiml

Jeffrey W. Bullock, Secretary of State

UTHENTICATION: 8117417

DATE: 07-16-10