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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| SUBJECT: DAMES GP, LLC Name of Limited Liability Company | |
|---|--|
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| MARK A. DIOMEDE Name of Person | |
| Name of Person | |
| BALYASNY ASSET MANAGEMENT, L.P. Firm/Company | |
| Firm/Company | |
| 181 W. MADISON ST., SUITE 3600 | |
| Address | |
| CHICAGO, IL 60602 City/State and Zip Code | |
| City/State and Zip Code | |
| legal@bamfunds.com; Mdiomede@bamfunds.com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| • | |
| Mark Diomede at (312) 499 - 2982 Name of Person Area Code & Daytime Telephone Number | |
| | |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations | |
| Registration Section Registration Section | |
| P.O. Box 6327 Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclosed is a check for the following amount: | |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy | |

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 RUSINESS IN THE STATE OF FLORIDA:

| | TED 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.") |
| conse | me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.") |
| 2. (Ju | DE 3. 26-0101677 risdiction under the law of which foreign limited liability apparation of applicable (FEI number, if applicable) |
| 4 | (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 | Upon acceptance of registration of this notion. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7 | 181 W. MADISON ST., SVIRE 3600 CHICAGO, 1L 60602 (Street Address of Principal Office) |
| | |
| | The name and usual business addresses of the managing members or managers are as follows: DMITRY BRYASNY |
| _ | 181 W. MADISON ST, SUITE BLOO |
| the ju | CHICAGO, IL 60602 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted.) |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: |
| _ | 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 an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) MITRY BALYASNY |

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: | |
|--------------------|--|--------------|
| DAMES | GP, LLC | |
| If unavailable, th | ne alternate to be used in the state of Florida is: | |
| | | |
| 2. The name and | I the Florida street address of the registered agent and office are: | |
| | | 28. |
| | DAVID HOROWITZ | 夏丁 |
| | (Name) | 芸で |
| | 7284 W. PALMETTO PARK RD, STE 310 | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | 7*** C/3 |
| | BUCH RATON FL 33433 City/State/Zip | 8: 02 |

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.

(Signature)

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DAMES GP 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 SIXTEENTH DAY OF APRIL, A.D. 2013.

3747486 8300

130445092

AUTHENTICATION: 0363535

DATE: 04-16-13

You may verify this certificate online at corp. delaware. gov/authver.shtml