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Name:	ROBERTSON FOUNDATION
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358.75

Thank you!

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Robertson Foundation

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

FEES:

Declaration of Trust **\$350.00**

OPTIONAL:

Certified Copy **\$ 8.75**

FROM: Robertson Foundation Attn: Deborah Rutigliano

Name (Printed or typed)

101 Park Avenue, 47th Floor

Address

New York, NY 10178

City, State & Zip

212-984-5714

Daytime Telephone number

ROBERTSON
FOUNDATION

April 15, 2019

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Robertson Foundation

To Whom It May Concern,

Please find attached an Affidavit to File or Qualify for the Robertson Foundation. We are using the legally required form to qualify the Robertson Foundation in the State of Florida. However, please be aware that the Robertson Foundation does not have a Chairman of the Board of Trustees. Rather, each Trustee is authorized to act on behalf of the Robertson Foundation. As such, in his capacity as a Trustee, Alexander Robertson has executed the attached Affidavit.

Very Truly Yours,



Caylin E. Navo
Counsel on behalf of the Robertson Foundation

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA


**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

Robertson Foundation

A Charitable TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of Robertson Foundation, a
(Name of Trust)
New York Trust hereby affirms in order to file or qualify
(State)
Robertson Foundation, in the State of Florida.
(Name of Trust)

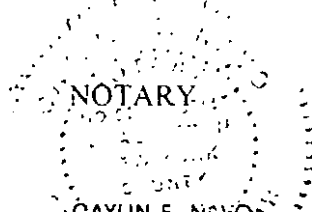
1. Two or more persons are named in the Trust.
2. The principal address is 101 Park Avenue, 47th Floor
New York, NY 10178
3. The registered agent and street address in the State of Florida is:
CT Corporation System
1200 South Pine Island Road, Plantation, FL 33324
4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.


James Main
Assistant Secretary
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.


Name: Alexander Robertson
Chairman of the Board of Trustees

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)


NOTARY
CAYLIN E. NAYO
NOTARY PUBLIC STATE OF NEW YORK
No. 02NA6209665
Qualified in New York County
My Commission Expires 1/18/2022

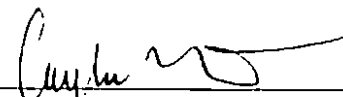
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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Declaration of Trust

I, Caylin Navo, being an attorney admitted to practice law before the highest Court in the State of New York do certify the following:

1. The Robertson Foundation (the "Foundation") was created by a Trust instrument dated December 31, 1996.
2. The Foundation is registered as a charitable entity with the New York Attorney General's office and is authorized to do business in the State of New York.
3. The Foundation received a determination letter from the Internal Revenue Service dated January 8, 1998, confirming that it was recognized as a private foundation under Section 509(a) of the Internal Revenue Code, which determination is still effective.
4. The Foundation is managed by Trustees who have been properly designated pursuant to the terms of the governing Trust instrument.
5. The Foundation's principal place of business is 101 Park Avenue, 47th Floor, New York, NY 10178.

Dated: April 15, 2019


Caylin Navo

STATE OF NEW YORK)
)ss:
COUNTY OF NEW YORK)

On the 15th day of April, 2019, before me, the undersigned, personally appeared Caylin Navo, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


Notary Public

KARINA M. ARUTYUNYAN
Notary Public - State of New York
No. 01AR6146422
Qualified in Kings County
My Commission Expires May 15, 20 22

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ALLAHUSSEIN, FLORIDA