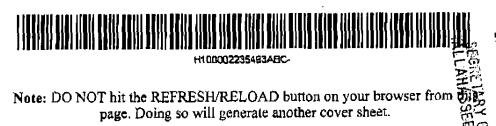
Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002235493)))



To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

OCT 13 2010

Chilton Trust Management, LLC

tificate of Status XAMIN Leatified Copy 1 Page Count 04 stimated Charge \$155.00

COVER LETTER

-	of Corporations		
SUBJECT: Chile	on Trust Management, LLC.		
	Name of Limite	d Liability Company	
The enclosed Artic	les of Organization and fec(s) are s	ubmitted for filing.	TALL!
Please return all co	rrespondence concerning this matter	er to the following;	
Evelyn Dar	netta		ARY SSE
		Name of Person	<u> </u>
Chilton Inv	estment Company, LLC		6 5
		Firm/Company	37 5
1290 East	Main Street		
	100	Address	
Stamford, C	1' 06902		
·	City	/State and Zip Code	
edametta@e	hiltonine.com	ur future annual report notification)	
		·	
For further informa	stion concerning this matter, please	call;	
Evelyn Dametta		at (²⁰³) 352-4034	
N	lame of Person	Area Code & Daytime Telephone Nur	nber
Enclosed is a che	ok for the following amount:		
125.90 Piling Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	O Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite			
Chilton Trust Management,			
(Must on	d with the words "Limited	t Liability Company, "L.L,C.," or "LLC.")	
ARTICLE II - Addres	ss:		⊅ s ≥
The mailing address an	id street address of i	the principal office of the Limited Lial	
Principal Office Addr	<u>'038;</u>	Mailing Address:	AHAS
396 Royal Paim Way Hwy		396 Royal Palm Way Hwy	発表 ~
Palm Beach, FL 33480	,	Palm Beuch, FL 33480	
	da street address of	the registered agent are:	
	·	Name	
1200	South Pine Island Roa		
	Plorida stre	eet address (P.O. Box NOT acceptable)	
Plant	ation	FL 33324	
	ation	FL 33324 ity, State, and Zip	

(CONTINUED)

Registered gent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Munager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Chilton Investment Company, LLC 1290 East Main Street Stamford, CT 06902 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: , (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member on an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, 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 follow as provided for in \$.817.155, F.S.) James Steintha), Executive Vice President

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signee

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)