

B0100000000178

Law Office of
William Schweikhardt

900 Sixth Avenue, South

Naples, FL 34102

(941) 262-2227

Facsimile (941) 262-8287

Katherine Schweikhardt

William Schweikhardt

May 4, 2001

W01-10608

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

600004140276--3
-05/08/01--01015--006
*****52.50 *****52.50

008SS-00524-00671
RIA fee \$35

Re: Learning Skills-Correct Read, LLP

5/16

MJH

Gentlemen:

I enclose the following documents for filing:

1. Application by Foreign Limited Partnership for Authorization to Transact Business in Florida;
2. Affidavit of Capital Contribution by a Foreign Partnership; and
3. A check for \$52.50.

Please file these documents at your earliest convenience.

Kindest regards.

600004140276--3
-05/21/01--01014--009
*****35.00 *****35.00

Very truly yours,

K. Schweikhardt

Katherine Ann Schweikhardt

FILED
01 MAY 16 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 10, 2001

KATHERINE ANN SCHWEIKHARDT
C/O WILLIAM SCHWEIKHARDT
900 SIXTH AVENUE, SOUTH
NAPLES, FL 34102

SUBJECT: LEARNING SKILLS, LTD.
Ref. Number: W01000010608

We have received your document for LEARNING SKILLS, LTD. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

The fee to file the Limited Partnership is \$52.50 plus \$35.00 for the Designation of Registered Agent, totaling \$87.50.,

There is a balance due of \$35.00.

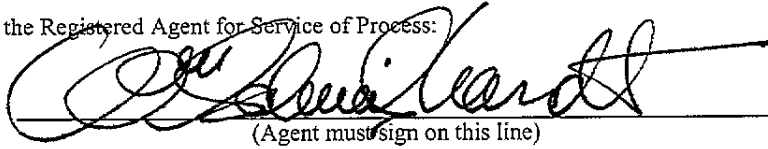
Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 501A00028240

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Learning Skills-Correct Read Limited Liability Partnership
(Name of limited partnership as it is in the home state)
2. Learning Skills, Ltd.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Massachusetts 4. January 1, 2001
(State of Formation) (Date of Formation)
5. William Schweikhardt
(Name of Registered Agent for Service of Process)
6. 900 Sixth Avenue South, Suite 203
(Street Address of Registered Office)
- Naples, Florida 34102
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 39 Summer Street, Box 1147
Northampton, MA 01061-1147
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|---|
| <u>Lewis Fleishner</u> | <u>39 Summer Street, Box 1147, Northampton, MA 01061-1147</u> |
| <u>Peter Brigham</u> | <u>10915 Bonita Beach Rd, Suite 2144
Bonita Springs, FL 34135</u> |
10. 10915 Bonita Beach Rd, Suite 2144, Bonita Springs, FL 34135
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 16 PM 5:10

FILED

12. 10915 Bonita Beach Rd
Bonita Springs, FL 34135
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27 day of April, 2001.

Peter B. Brigham
General Partner

STATE OF Florida

COUNTY OF Lee

On this 27 day of April, 2001,

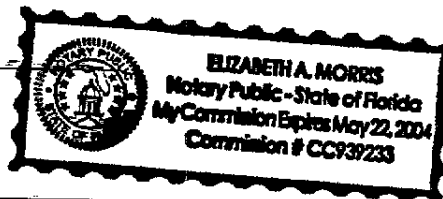
Peter B. Brigham, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Elizabeth A. Morris
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____

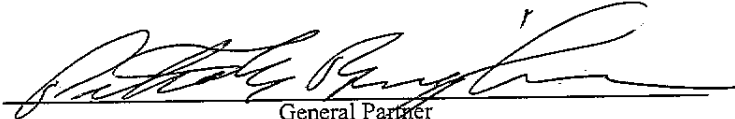
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Peter B. Brigham
a general partner of Learning Skills - Correct Read, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 15,000-
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 7,500-.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27 day of April, 2001.


General Partner

STATE OF Florida

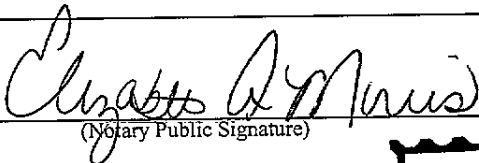
COUNTY OF Lee

On this 27th day of April, 2001

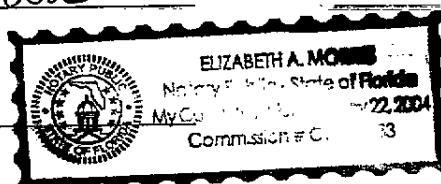
Peter B. Brigham, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____