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EXAMINER

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COVER LETTER

	,	Name o	ATES, LLC of Limited Liability Con	npany	
				ation to Transact Business in Florida ited liability company to transact bus	
Please return a	Il correspondence	concerning this matter	to the following:		
	Patricia Pay	yette	Name of Person		
.			rame of reison		
	Curriculum /	Associates, LLC		••	
			Firm/Company	· ·	
•	153 Range	way Road			
	- <u> </u>		Address		
	North.Billeri	ca, MA_01862	r +		•
		· · · · · · · · · · · · · · · · · · ·	ity/State and Zip Code	,-	
`	¹ppayette@	cainc com			
·, ·	1223000	E-mail address: (to be	used for future annual	report notification)	-
For further info	ormation concerning	ng this matter, please c	all:		
<u>Patr</u>	icia Payette		at (978) 667-8000 x1210	
	Name	of Person	Area Code & Daytime	Telephone Number	
Division Regist P.O. B	LING ADDRESS: on of Corporations tration Section Box 6327 assee, FL 32314	RO RO CI 26	FREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Ci	ircle	
			illahassee, FL 32301	→	228
		following amount: \$130.00 Filing Fee &	[]\$155.00 Filing Fee	e & \$160.00 Filing Fee, Gertific	cate 1

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 BUSINESS IN THE STATE OF FLORIDA:

1. CURRICULUM ASSOCIATES, LLC	st include "Limited Liability Company," "L.L.C.," or "LL	<u></u>
(Name of Poleign Difficed Elability Company, in	t include Limited Liability Company, L.E.C., or LE	.c. <i>j</i>
	purpose of transacting business in Florida and attach a content of the alternate name must include "Limitate name".	
Massachusetts (Jurisdiction under the law of which foreign limited lize company is organized)	3. 26-3954988 (FEI number, if applicable)	
4. 12/31/2008 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
6. (Date first transacted busine (See sections 608.501 &	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)	
7. 153 Rangeway Road		- L. L
North Billerica, MA 01862 (Street A	Idress of Principal Office)	
8. If limited liability company is a manager-ma	aged company, check here 🗸	
9. The name and usual business addresses of th	managing members or managers are as follows	:
Frank E Ferguson	Robert L Waldron	
153 Rangeway Rd	153 Rangeway Rd	
N Billerica, MA 01862	N Billerica, MA 01862 😤 🙊	22
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A plantament of the certificate under eath of the translator must	ptocopy is not acceptable. If the certificate is in a foreight lan	tody of records in guage, a
11. Nature of business or purposes to be conducted	ed or promoted in Florida: Sales of educati	onal (
materials that we publish.		<u>دن</u> .
Signature of a member or	an authorized representative of a member.	~ J∙
(In accordance with section 608.408(3), F.S.,	e execution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated here	are true. I am aware that any false information submitted	in a

Typed or printed name of signee

Robert L Waldron

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:	
CURRICULUM ASSOCIATES, LLC	
If unavailable, the alternate to be used in the state of l	Florida is:
2. The name and the Florida street address of the reg	istered agent and office are:
NRAI Services, Inc	
(Name	3)
515 East Park Ave	
Florida Street Address (P.O. I	Box NOT ACCEPTABLE)
Tallahassee	FL 32301
City/S	tate/Zip
Having been named as registered agent and to accept s liability company at the place designated in this certific agent and agree to act in this capacity. I further agree relating to the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my position as registered agent and to accept so that the place designated in this certific agent and to accept so that the place designated in this certific agent and to accept so that the place designated in this certific agent and to accept so that the place designated in this certific agent and agree to act in this capacity. I further agree relating to the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my obligations of my position as registered agent as provided in the proper and complete performance of my obligations of my position as registered agent as provided in the proper agent agent and the proper agent agen	cate, I hereby accept the appointment as registered to comply with the provisions of all statutes duties, and I am familiar with and accept the ded for in Chapter 608, Florida Statutes.
Jossica (XIII) Jossica (XIII) Jossica	Metzger, Assistant Secretary
\$ 100.00 Filing I \$ 25.00 Design \$ 30.00 Certific	Fee for Application ation of Registered Agent ed Copy (optional) cate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: August 28, 2012

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

CURRICULUM ASSOCIATES, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on December 31, 2008.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travino Galecin

Certificate Number: 12088694060

Verify this Certificate at: http://corp.sec.state.ma.us/corp/Certificates/Verify.asp

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