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(Requestor's Name)

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(City/State/Zip/Phone #)

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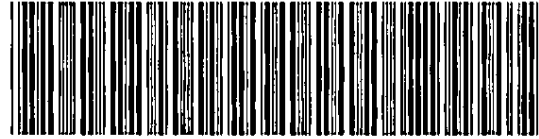
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Reading and Writing Project Network, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

Kathy Neville

Name of Person

The Reading and Writing Project Network, LLC

Firm/Company

125 Strathmore Road

Address

Middlebury, CT 06762

City/State and Zip Code

kathy@readingandwritingproject.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Neville

917

484-1482

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

KATHY NEVILLE
125 STRATHMORE RD
MIDDLEBURY, CT 06762

SUBJECT: THE READING AND WRITING PROJECT NETWORK, LLC
Ref. Number: W20000131987

We have received your document for THE READING AND WRITING PROJECT NETWORK, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with 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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 720A00023132

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Reading and Writing Project Network, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

State of Connecticut

2. (Jurisdiction under the law of which foreign limited liability company is organized)

30-0017231

3. (PEI number, if applicable)

November 30, 2020

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

125 Strathmore Road

5. (Street Address of Principal Office)

Middlebury, CT 06762

125 Strathmore Road

6. (Mailing Address)

Middlebury, CT 06762

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

HIGHTOWER LAW FIRM

Office Address:

119 N. PALAFOX STREET

PENSACOLA

(City)

, Florida 32502

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Lucy Calkins	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 125 Strathmore Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Middlebury, CT 06762	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Kathy Neville	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 125 Strathmore Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Middlebury, CT 06762	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Kathy Neville

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

THE READING AND WRITING PROJECT NETWORK, LLC

a domestic limited liability company, were filed in this office on January 02, 2002.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: December 08, 2020

ARTICLES OF ORGANIZATION**DOMESTIC LIMITED LIABILITY COMPANY**

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/01/2001

See reverse for instructions

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 FILED 01/02/2002 08:30 AM PAGE 000008
 SECRETARY OF THE STATE
 CONNECTICUT SECRETARY OF THE STATE

1. NAME OF THE LIMITED LIABILITY COMPANY:

The Reading and Writing Project Network, LLC

2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSES TO BE

PROMOTED OR CARRIED OUT: to engage in any lawful activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act and the general laws of the State of Connecticut.

3. PRINCIPAL OFFICE ADDRESS: (Provide complete address. See instructions for further details.)

18 Pelham Lane
 Ridgefield, CT

4. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS:**Name of agent:**

Lucy Calkins

Business address: (P.O. Box is not acceptable)

18 Pelham Lane
 Ridgefield, CT

Residence address: (P.O. Box is not acceptable)

18 Pelham Lane
 Ridgefield, CT

Acceptance of appointment


Signature of agent

5. MANAGEMENT:(Place a check mark next to the following statement only if it applies)

☐ The management of the limited liability company shall be vested in one or more managers.

6. MANAGER(S) OR MEMBER(S) INFORMATION

Name	Title	Residence Address	Business Address
Lucy Calkins	Member	18 Pelham Lane	18 Pelham Lane
		Ridgefield, CT	Ridgefield, CT

7. EXECUTION:

David L. Grogins

Print or type name of organizer



Signature