

M21000011740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

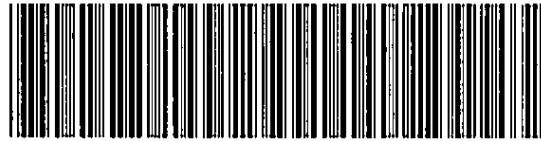
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 Aug 27 AM 7:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

20266-1906

11/14/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'Donnell Learn, 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:

Trish Butler
Name of Person

O'Donnell Learn, LLC
Firm/Company

One Dock Street, Suite 309
Address

Stamford, CT 06902
City/State and Zip Code

tbutler@odlearn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trish Butler at (203) 536-8165
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

July 12, 2021

TRISH BUTLER
ONE DOCK ST STE 309
STAMFORD, CT 06902

SUBJECT: O'DONNELL LEARN, LLC
Ref. Number: W21000099202

We have received your document for O'DONNELL LEARN, 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):

The registered agent must sign accepting the designation.

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.

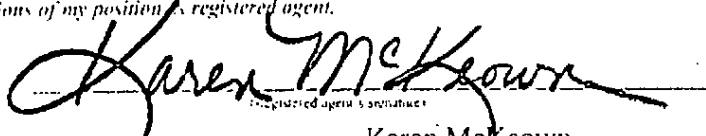
Tracy L Lemieux
Regulatory Specialist II

Letter Number: 521A00015895

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA1. O'Donnell Learn, LLC
(Name of foreign limited liability company, must include "Limited Liability Company," "LLC," or "LLC")O'Donnell, LLC
(If name unavailable, enter alternate name a legend for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")2. Connecticut 3. 06-1456417
(Jurisdiction under the law of which foreign limited liability company is organized) (RTT number, if applicable)4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0404 & 605.0405, F.S., to determine penalty liability)5. One Dock Street 6. One Dock Street
(Street Address of Principal Office) (Mailing Address)
Suite 309 Suite 309
Stamford, CT 06902 Stamford, CT 069027. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: COGENCY GLOBAL INC.Office Address: 115 North Calhoun St. Suite 4Tallahassee, Florida 32301
(City) (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)Karen McKeown
Asst. Sec.FILED
21 AUG 27 AM 7:09
TALLAHASSEE
FLORIDA

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: <u>Carolyn O'Donnell</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>One Dock Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 309</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Stamford, CT 06902</u>	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 _____
<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.

Carolyn O'Donnell
Signature of an authorized person

Carolyn O'Donnell
Type or printed name of signer

Secretary of the State of Connecticut Certificate of Legal Existence

Standard Certificate

Date Issued: July 01, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

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

Business Details

Business Name	O'DONNELL LEARN, LLC
Business ALEI	US-CT.BER:0536271
Formation Date	06/03/1996

Name Change History

Filing Type	Filing Date	Previous Name	Updated Name
Certificate of Amendment	10/02/2012	O'DONNELL & ASSOCIATES, LLC	O'DONNELL LEARN, LLC



Secretary of the State

Business ALEI: US-CT.BER:0536271

Certificate Number: C-00001332

Note: To verify this certificate, visit <http://www.business.ct.gov>