

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1412656.09

mmoore N101

Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 12/3/2024 9:53 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A - below and, for that purpose, submits the		plies for authority to transac	t business in Kentucky or	behalf of the foreign entity named	
1. The entity is a: profit corpora business trus limited partne non-profit lic	ership limited profes	ofit corporation I liability company operative association sional service corporation	professional lin	nited liability company	
2. The name of the foreign entity is The	e Reading League Incorporated name must be identical to the r	same on record in the state	e or country where the f	oreign entity was formed)	
3. The name of the foreign entity to be u			e or country where the r	oreign entity was formed.)	
		(Only provide if name on I	line 2 is unacceptable fo	or use; otherwise, leave blank.)	
4. The state or country under whose law	the foreign entity is organized is	New York			
5. The date of organization is1/14/201	6	and the period of dura	ition is		
6. The mailing address of the foreign en	itity's principal office is		(if left blank, dura	tion is considered perpetual.)	
103 Wyoming Street, Second Floor		Syracuse	NY NY	13204	
Street Address		City	State	Zip Code	
7. The street address of the foreign enti- 828 Lane Allen Road #219	ty's registered office in Kentucky	is Lexington	KY	40504	
Street Address		City	State	Zip Code	
and the name of the registered agent at	that office is Leticia Herrera on be	ehalf of Paracorp Incorporate	ed		
The names and business addresses				trustees, or general partners):	
	103 Wyoming Street	Syracuse	NY	13204	
Name	Street or P.O. Box	City	State	Zip Code	
Stephanie Finn	23 Orchard Street	Marcellus	NY	13108	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Unite 1.	d States or District of Colum	nbia to render a profession	nal service described in the	
10. I certify that, as of the date of filing the	is application, the above-named	foreign entity validly exists u	under the laws of the juris	diction of its formation.	
11. If a limited partnership, it elects to be	a limited liability limited partners	hip. Check the box if applic	cable:		
12. If a limited liability company, check b	ox if manager-managed:				
13. This application will be effective upor	ı filing.				
Maria Mussa		Maria Murray, President and CE	0 12/2/	24	
Signature of Authorized Representative	-	Printed Name & Title		Date	
Paracorp Incorporated Leticia Herrera o Type/print/Name of Registered Agent	n behalf on Paracorp Incorporated	, consent to serve as the re	gistered agent on behalf	of the business entity.	
WHO	Leticia Herrer	ra	Assistant Secretary	12/2/24	
Signature of Registered Agent	Printed Name	1000.	Title	Date	