

# L14000110106

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
LOSCHI LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
14 JUL 11 PM 1:45  
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TALLAHASSEE, FLORIDA

FILED  
2014 JUL 11 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 14 2014



July 11, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS CORPORATE FILING SER

SUBJECT: LOSCHI LLC  
REF: W14000042742

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000165317  
Letter Number: 914A00014947

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14 JUL 11 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H 140 00165317

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

LOSCHI LLC

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**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8740 NW 97 AVE, APT 208 MEDLEY FL 33178

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Veronica Loschi

8740 NW 97 AVE, APT 208 MEDLEY FL 33178

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

Veronica Loschi - MGRM

8740 NW 97 AVE, APT 208, MEDLEY FL 33178

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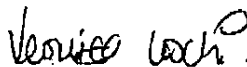
**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

**Typed or printed name of signee**

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**