

L23000051975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

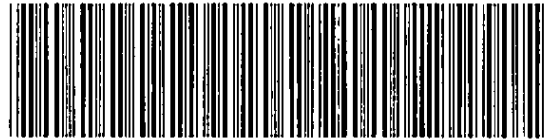
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Filed Copies _____

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Special Instructions to Filing Officer:

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S. CHATHAM
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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 FEB -3 AM 11:28
REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: *Jan Felt*

Lo.Li USA Pharma LLC

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of the Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL() ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lo.Li. USA Pharma LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria-Costanza Barducci

Name of Person

Barducci Law Firm

Firm/Company

5 W 19th St 10th Floor

Address

New York, NY 10011

City/State and Zip Code

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

STATE OF FLORIDA
ARTICLES OF ORGANIZATION
FOR
LO.LI. PHARMA USA LLC

The undersigned, for the purposes of forming a limited liability company pursuant to the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I
NAME

The name of this Company is LO.LI. PHARMA USA LLC

ARTICLE II
PRINCIPAL OFFICE ADDRESS

The mailing address and street address of the principal place of business of the Company is 100 Biscayne Blvd., suite 1114 Miami, FL 33132

ARTICLE III
DURATION

The Company shall commence its existence on the date these Articles of Organization of the Company are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization Company or the operating agreement.

ARTICLE IV
PURPOSES AND POWERS

This Company is being formed to engage in any and all lawful business or activity permitted under the laws of the United States and the State of Florida.

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ARTICLE V
MANAGEMENT

This Company shall be managed by one manager or more managers and is, therefore, a manager managed company. The initial manager will serve until the first annual meeting of the managers. The name and address of the initial manager of the Company is

NAME

Samanta De Filippi

ADDRESS

100 Biscayne Blvd. Suite 1114,
Miami, FL 33132

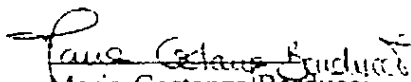
ARTICLE VI
REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 100 Biscayne Blvd., suite 1114, Miami, Florida, 33132, and the name of its initial registered agent at such address is Maria-Costanza, Barducci

ARTICLE VII
INDEMNIFICATION

This Company shall indemnify any and all of its members, managers, directors, officers, organizers, employees or agents or former members, managers, directors, officers, employees or agents or any person or persons who may have served at its request as a member, manager, director, officer, organizers, employee or agent of another Company, partnership, joint venture, trust or other enterprise to the full extent permitted by law. Said indemnification shall include, but not be limited to, the expenses, including the cost of any judgments, fines, settlements and counsel's fees, actually and necessarily paid or incurred in connection with any action, suit or proceedings, whether civil, criminal, administrative or investigative, and any appeals thereof, to which any such person or his legal representative may be made a party or may be threatened to be made a party, by reason of his being or having been a director, officer, employee or agent as herein provided. The foregoing right of indemnification shall not be exclusive of any other rights to which any member, manager, director, officer, organizers, employee or agent may be entitled as a matter of law or which he may be lawfully granted.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Miami-Dade County, Florida for the foregoing uses and purposes this 3rd day of February, 2023.


Maria-Costanza Barducci

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TALLAHASSEE, FL

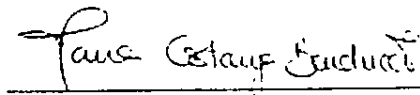
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned corporation, organized pursuant under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: Lo.Li Pharma USA LLC
2. The name and address of the registered agent and office is:

Maria Costanza Barducci
100 Biscayne Blvd suite 1114
Miami, FL 33132

The undersigned, Maria Costanza Barducci, Registered Agent, hereby accepts the designation of themselves as registered agent for this corporation and agrees to serve in compliance with all applicable Florida Statutes.



Maria Costanza Barducci
Registered Agent

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