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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lohxa, 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:

Kreshnik Loxha

Name of Person

Lohxa, LLC

Firm/Company

600 Main Street Suite 110

Address

Worcester MA 01608

City/State and Zip Code

nik@lohxa.com

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

For further information concerning this matter, please call:

Kreshnik Loxha

401

651-6094

at (_____) _____

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:

☐ \$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

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. Lohxa, LLC

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

Lohxa Unit-Dose, 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.")

2. Commonwealth of Massachusetts

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

3. 81-1632592

(FEI number, if applicable)

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

5. 600 Main Street

(Street Address of Principal Office)

Suite 110

Worcester MA 01608

6. 600 Main Street

(Mailing Address)

Suite 110

Worcester MA 01608

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

Name: James Council

Office Address: 4525 Gentrice Drive

Valrico

(City)

Florida 33596

(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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

President

Kreshnik Loxha

600 Main Street Suite 110
Worcester MA 01608

Vice-President

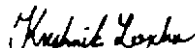
Hans Meireles

600 Main Street Suite 110
Worcester MA 01608

(Use attachments if necessary)

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

Kreshnik Loxha

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: November 07, 2017

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

LOHXA, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
February 18, 2016.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate Number: 17110132590

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: