

F22000003482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

JUN - 3 2022

K. Brumbley

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/31/2022

**\*\*WALK IN\*\***

ENTITY NAME BioSkin Aesthetics Inc

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Sheppard*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BioSkin Aesthetics Inc

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Allen

\_\_\_\_\_  
Name of Person

United Corporate Services, Inc

\_\_\_\_\_  
Firm/Company

100 State Street, Suite 800

\_\_\_\_\_  
Address

Albany, NY 12207

\_\_\_\_\_  
City/State and Zip code

gaia@gexportusa.us

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & \_\_\_\_\_  
☒ \$78.75 Filing Fee & \_\_\_\_\_  
☐ \$87.50 Filing Fee, \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BioSkin Aesthetics Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BioSkin America Inc  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 86-1588323  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/14/2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11650 Briarwood Circle, Unit 1, Boynton Beach, FL 33437  
(Principal office street address)

11650 Briarwood Circle, Unit 1, Boynton Beach, FL 33437  
(Current mailing address, if different)

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

Name: Untied Corporate Services, Inc.  
Office Address: 3458 Lakeshore Drive  
Tallahassee , Florida 32312  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 MAY 31 AM 9:04  
MICHAEL A. BARR

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

/s/Michael A Barr, President  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐Chairman Name: David Eli Burke  
☐Vice Chairman Address: 11650 Briarwood Circle,  
☒Director Unit 1  
☒President Boynton Beach, FL 33437  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Christian Otto Josef Genthner  
☐Vice Chairman Address: 11650 Briarwood Circle,  
☐Director Unit 1  
☐President Boynton Beach, FL 33437  
☐Vice President \_\_\_\_\_  
☒Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Andrea Malventi  
☐Vice Chairman Address: 11650 Briarwood Circle,  
☐Director Unit 1  
☐President Boynton Beach, FL 33437  
☐Vice President \_\_\_\_\_  
☐Secretary ☒Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: \_\_\_\_\_  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director \_\_\_\_\_  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐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.

12. /s/David Eli Burke  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. David Eli Burke, President and Dole Director  
(Typed or printed name and capacity of person signing application)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**BioSkin Aesthetics Inc**

is a

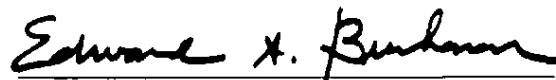
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 14, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000972894**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of May, 2022 at 10:48 AM. This certificate is assigned ID Number 052269022.



  
Secretary of State