

**P23000073912**

Florida Department of State  
Division of Corporations  
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2023 OCT 16 PM 1:25

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LHR SKINCARE CORP**

Certificate of Status	0
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Page Count	01
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October 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AT PLUS CORP

SUBJECT: LHR SKINCARE CORP  
REF: W23000141526

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P22000055732.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H23000359575  
Letter Number: 123A00023936

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally **LUCIA H KREMER** , who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **LHR SKINCARE CORP** , a Florida corporation to be filed with the Florida Department of State on or about **October 13, 2023**.
2. The undersigned hereby consents to and authorizes the use by **LHR SKINCARE CORP** , of the name **LHR SKINCARE CORP** The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

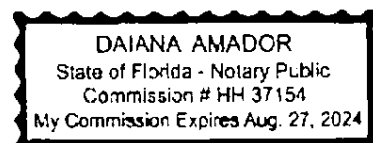
LUCIA H KREMER  
**LUCIA H KREMER**

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **LUCIA H KREMER** , who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 13 day of October 2023.

  
\_\_\_\_\_  
Notary Public Signature



**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: LHR SKINCARE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1050 BRICKELL AVE APT 616

Miami FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And ALL LAWFUL Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LUCIA H KREMER (P) Name and Title: \_\_\_\_\_

Address 1050 BRICKELL Ave APT 616 Address: \_\_\_\_\_

Miami FL 33131

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LUCIA H KREMER  
 Address: 1050 BRICKELL AVE APT 616  
MIAMI FL 33131

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LUCIA H KREMER  
 Address: 1050 BRICKELL AVE APT 616  
MIAMI FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

LUCIA H KREMER  
 Required Signature/Registered Agent

10/13/2023  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

LUCIA H KREMER  
 Required Signature/Incorporator

10/13/2023  
 Date