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#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SURJ	ECT: What The Dog Likes Inc.					
30170		of o	corporation -	must i	nclude suffix	
Dear S	Sir or Madam:					
"Certif	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of	Good Stand	ing`` an	d check are sub	
Please	return all correspondence concern	ing	this matter t	o the fo	ollowing:	
Jia Liu						
			Name of P	erson	•	
What 1	The Dog Likes Inc.					
	<u>-</u>	_	Firm/Comp	any		
27930	Riverwalk Way					
	·		Addres	SS		
Bonita	Springs, Florida 34134					
		C	City/State and	d Zip c	ode	
jia@wl	hatthedoglikes.com					
	E-mail address	s: (t	o be used fo	r future	annual report n	notification)
For fu	rther information concerning this n	iatt	er, please ca	H:		
Jia Liu		at	516 (	233-8827 Daytime Telephone Number		
	Name of Person		Area Code	- /	Daytime Telepl	hone Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	Section orporations 7
Please	sed is a check for the following amore make check payable to: FLORIDA D 0.00 Filing Fee S78.75 Filing Certificate of the following amore serior control of the following amore serior se	EPA ig F	ARTMENT ( ce &	\$78.75	TE Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status of Certified Copy

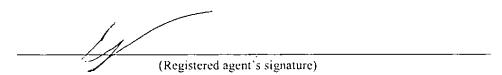
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

What The Dog					
	corporation; must include "INCORPORATEI Corp." "Inc." "Co." or "Corp.")	D,"	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	 ic a	adopted for the purpose of transacting business in Florida)		
New Jersey		3.	86-1860002		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
February 3, 20		5.			
(Date of incorporation)			(Date of duration, if other than perpetual)		
,					
·	(Date first transacted business	in	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607. walk Way, Bonita Springs, Florida 3413		02, F.S., to determine penalty liability)		
			ce street address)		
27930 Riverwal	k Way, Bonita Springs, Florida 34134	1111	se sireer address)		
		lin	g address, if different)		
	(3				
. Name and stre	et <u>address</u> of Florida registered agent: (P	.O	). Box NOT acceptable)		
	Craig D. Blume, P.A.		<del></del>		
Name:			<del></del>		
Office Address:	750 Eleventh Street South, Ste. 202				
	Naples		, Florida 34102		
	(City)		(Zip code)		

#### 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.



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.

· A. DIRECTURS				
□ Chairman	Jia Liu Name:	Chairman	Name:	
□Vice Chairman	27930 Riverwalk Way	□Vice Chairman	Address:	
□Director	Bonita Springs, FL 34134	□Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
				2021
□Chairman	Name:	□Chairman	Name:	2021 AUG
□Vice Chairman	Address:	□Vice Chairman	Address:	- 1 N T
Director		□Director		
□President		□President		32 -
□Vice President		□Vice President		-
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		Other
	Use an attachment to report more than six (6). The act added to the index when filing your Florida Depart			purposes only. Non-indexed
_	^			
12	Signature of Directo	or or Officer		·····
	ctor signing this document (and who is listed in nunalse information submitted in a document to the Dep	nber 11 above) affirms th	at the facts state	ed herein are true and that he or

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### WHAT THE DOG LIKES INC.

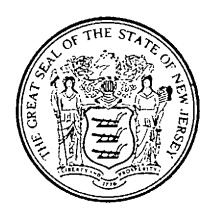
0450600642

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 03, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

REGISTERED AGENTS, INC FIVE GREENTREE CENTRE, STE. 104 525 ROUTE 73 NORTH MARLTON, NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of June, 2021

Elizabeth Maher Muoio State Treasurer

Shan Men

Certificate Number : 6119760961

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp