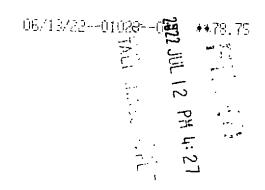
F22000004312

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(,,			
(Document Number)			
(Securion Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
<u> </u>			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pet Health to the People Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matter	ter to the following:
Susic Nayoung Kim	
Name o	of Person
Pet Health to the People, Inc	
Firm/Co	ompany
136 La Grande Avenue	
Add	dress
Moss Beach, CA, 94038	
City/State	and Zip code
nayoung@highfive.vet	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call;
Susic Nayoung Kim at (77703331
Name of Person Area Co	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 DEPARTMEN \$ 570.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	ST OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

Pet Health to the	e People Inc.		
(Enter name of c	corporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO),,"
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacti	ing business in Florida)
Delaware 2.	3. 85	-3078018	
	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)
June 22nd, 2020) 5		
(Date	c of incorporation) 5	(Date of duration, if other	r than perpetual)
5,	·		
ſ. <u></u>	venue, Moss Beach, CA, 94038 (Principal office)	street address)	
	(Current mailing a	ddress, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. E Registered Agents Inc.	Box NOT acceptable)	2022 JUL 12 PH 4: 2
Office Address:	7901 4th St N, STE 300	-	•
	St. Petersburg	, Florida 33702	
	(City)	, Florida (Zip code)	PH 4: 27
		· •	·

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.

(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.

A. DIRECTORS Susie Nayoung Kim ☐ Chairman □ Chairman 136 La Grande Avenue ☐ Vice Chairman Address: ☐ Vice Chairman Address: Moss Beach, CA, 94038 Director □ Director □ President □President ☐ Vice President □ Vice President ■ Secretary **■** Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other _____ □Other _____ □Chairman ☐ Chairman Name: ______ ☐ Vice Chairman Address: _____ □Vice Chairman Address: Director □ Director ☐ President □President □Vice President □ Vice President ☐ Secretary □Treasurer □Treasurer ☐ Secretary □Other _____ □Other _____ □Other _____ □Chai⊓nan Name: □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director President President ... □Vice President __ ☐ Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer Other ____ 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. Signature of Director or Office 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PET HEALTH TO THE PEOPLE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2022.



Authentication: 203610098

Date: 06-07-22