

QD5000000070

(Requestor's Name)



BLACK GOLD

4575 - 32nd Avenue South, Suite 2A
Grand Forks, ND 58201

☐ PICK-UP

☐ WAIT

☐ MAIL

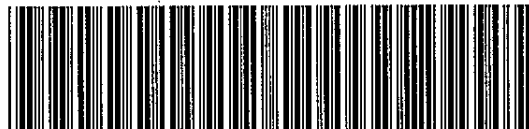
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHARLES H. BRANSON
COMMISSIONER

Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

APPLICATION FOR PRIVATE
PESTICIDE APPLICATOR LICENSE

Section 487.046(1), F.S.
Telephone: (850) 488-3314

Applicant keeps yellow copy. Return white
copy with check or money order payable to:

Florida Dept. of Agriculture & Consumer Services
Pesticide Certification Office
P.O. Box 8710
Tallahassee, FL 32314-6710

Legal Name Last First Middle Suffix
SOUKUP AARON JOSEPH

Title
FARM MANAGER

Home Address (physical address)
501 N. Vandeventer

City State Zip Code
KENNETT MO 63857

Mailing Address (if different from home)
501 N. Vandeventer

City State Zip Code
573-979-5174

Home Phone No. (with area code)
573-979-5174

Alternate Home Phone/Fax No. (with area code)
5-27-77

Date of Birth Last 4 digits of SSN
6312

Gender: ☐ Female ☒ Male Race: WHITE

Are you a Florida Resident? ☐ Yes ☒ No

Home Email address: _____

Place of Birth (City, County, State, Country) Russell, Russell, KANSAS, US

I plan to use restricted use pesticides at the following locations (give addresses for all that apply and attach additional sheet if needed).

☒ On property I own or lease (give address): LIVE OAK, FLORIDA

☐ At my place of employment (give address if different from business address above): _____

☐ Other (please specify): _____

****LICENSE FEE OF \$60 MUST ACCOMPANY THIS APPLICATION****

Applicant's accompanying check will be negotiated by the Department as required by law. This act of negotiation has no bearing on applicant's entitlement and may not be used as a basis of estoppel or other doctrine impacting on the right of the Department to deny the permit or license sought.

I hereby apply for a license as a Private Pesticide Applicator to purchase and use restricted use pesticides pursuant to Chapter 487, Florida Statutes, and Chapter 5E-2 and 5E-9, Florida Administrative Code.

I understand that this license is valid only for purchasing, using, or supervising the use of restricted use pesticides on property owned or leased by myself or my employer for the purpose of producing agricultural commodities.

I understand and will comply with the provisions of the above statutes and rules as well as product label instructions. Further, I understand that any violation of the statute, rules, or label instructions constitutes grounds for suspension or revocation of the license and/or other penalties as provided in Chapter 487, Florida Statutes.

Signature of Applicant [Signature] Date 12-05-05

Place of Employment
BLACK GOLD FARMS

Business Address
10701 State Hwy 164

City State Zip Code
Arbyrd MO 63821

Business Email
aarons@blackgoldpotato.com

Business Phone No. (with area code)
573-654-2220

Business Fax No. (with area code)
573-654-2292

Cell Phone No. (with area code)
573-979-5174

Beeper/Pager (with area code)
45-0333 980

Federal Employer ID No. _____

221485 OFFICIAL USE ONLY

Public Record Exemption
PESTICIDE LICENSE FEES
Org. Code: 42130209000 EO: A2
Object Code: 001233

VALIDATION:

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE**

PART I

1. Name and business address of nonresident:

AARON J. SOVKUP (BLACK GOLD FARMS)
10701 State Hwy 164
Arbyrd, MO 63821

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is.

_____, FL _____

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent's signature: _____

3. I, Aaron J. Soukup, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: *Aaron J. Soukup*

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident's signature: *Aaron J. Soukup*

Date: 12-05-05

FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
\$52.50 - CERTIFIED COPY FEE (REQUIRED)
\$87.50 - TOTAL DUE

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

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