## Q06000000048

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	~ #N
(Cil	ty/State/Zip/Filoni	<i>∓ #)</i>
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
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SECRE LANGE FLORIDA

Joseph Barbe, Jr.

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

PARTI

1. Name and	business address of	nonresident:	_		(		
Joseph :	Barbe JR. ( enwald St.	Research	Fuminado	on G.	(1c)	)	
450 Bos	enwald St.	1P.O. BOX P	E)				
Reserv	e, LA 70084						
(COMPLETE	EITHER #2 <u>OR</u> #3	· NOT BOTH)					
2. The name may be ser	and Florida street add ved in accordance wi	Iress of the regi th section 487.0	stered agent up 047, Florida Sta	oon whom s tutes is:	icesECRE1	Second Second	ess
				·	388	==-	familia)
			, FL.		177. 17	<u> </u>	
Regist  3. I, Josep	ered Agent's signature	e:	, a nonresio	lent, hereby	appoin	 t the	
in accordance	ary of State as my regi with section 487.047(2	stered agent up 2), Florida Statu	oon wnom servi ites.	ce of proces	ss may .	be se	rvea
Nonre	sident's signature:				<del></del>	_	
		PART II					
	wledge this document e pursuant to section			e a register	ed agen	t and	a
Nonre	sident's signature: $X$	Joseph Bu	ile			_	
	Date; <u>X</u>	TRNOVO	<i>P</i> (g	·	·		
ĺ	\$35.00 - REGISTE \$52.50 - CERTIFII \$87.50 - TOTAL D	ED COPY FEE (RE		REQUIRED)			
	(MAKE CHECK PAYABI	ETO: FLORIDA D	EPT. OF STATE)				
	DIVIS P.O.	IT AND CHECK TO: SION OF CORPORA BOX 6327 AHASSEE, FL 3231					

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