

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100095158901

Q07-11

03/30/07--01031--001 \*\*87.50

OT APR -3 PH 12: 20
SECONTARY OF STATE
TALLAHASSEE FLORIDA

Mauri Martins

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

[PARTI]
1. Name and business address of nonresident:
Mauri Martins (Progressive Solutions)
PO BOX 1130
Marshall, AR 7also
(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 ac in this capacity.  Registered Agent's signature:
3. I, Mauri Martins , 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: Man Es Man Es
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: Man & Man &
Date: 3-216-07

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.