

Q08000000012

(Donor's Name)

Invasive Plant Control, Inc.  
PO Box 50556  
Nashville, TN 37205

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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**EXAMINER**



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/28/08--01025--007 \*\*350.00

87.50

Q08-12

Power of Atty  
Christopher  
Marguless

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

**PART I**

1. Name and business address of nonresident:

CHRISTOPHER MARQUESS (Invasive Plant Control)  
PO Box 50556  
Nashville TN 37205

(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, CHRISTOPHER MARQUESS, 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: Christopher Marquess

**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: Christopher Marquess

Date: 1/24/08

**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.**