

Q08000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

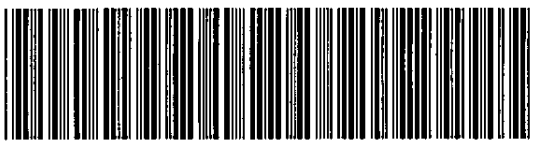
(Business Entity Name)

(Document Number)

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Q08-18

FILED
08 FEB 12 03:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Patrick Mach

N. CAUSSEAU

FEB 12 2008

EXAMINER

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

PART I

1. Name and business address of nonresident:

Patrick Mack

Central States Fumigation

1908 W. Old HWY 40

Salina KS 67401

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08 FEB 12 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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, Patrick Mack, 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: *X Patrick Mack*

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: *X Patrick Mack*

Date: February 4, 2008

**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.