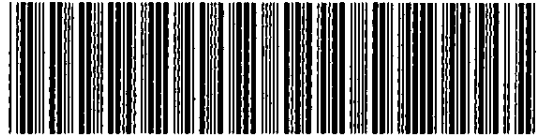


Q08000000074



000135234930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q08-74

09/08/08--01025--008 \*\*87.50

Power of atty  
Donald B Mark

Office Use Only

N. CAUSSEAU

SEP 10 2008

EXAMINER

FILED  
08 SEP -9 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**PART I**

1. Name and business address of nonresident:

Donald B. Mask  
Progressive Solutions LLC  
PO Box 1130 Marshall, AR 72650

08 SEP -9 PM 12:00  
FILED  
DEPT. 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, Donald B. Mask, 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: Donald B. Mask

**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: Donald B. Mask

Date: 9.4.08

**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.