## Q080000005

(Requestor's Name)
(Address)
(Address)
` . <i>'</i>
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Solution Sopies
Special Instructions to Filing Officer:
i

Office Use Only



600137355966

.10/31/08--01012--026 \*\*87.50

Hower of Atty
Andy Ko Kkinen

Screen State

Andy 85

Andy

N. CAUSSEAUX

OCT 3 1 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:
ANDY KOKKINEN
150 LAGUAR DRIVE
TIMMINS, ONTARIO CANASA
P4N 7C3
(COMPLETE EITHER #2 <u>OR</u> #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:
4880 TRED, DRIDE
INEXEDITURE FRORISA FL 34257
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,
Nonresident's signature:
PARTII
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: <u>Judy Kalla-</u>
Date: <u>Oct.</u> 39 <sup>th</sup> , 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.