

Q08000000087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

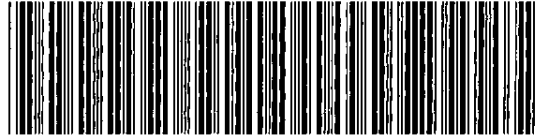
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/03/08--01056--001 **87.50

Q08-87

FILED
08 NOV -6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Power of Atty
Chris Mike Selk

N. CAUSSEAU

NOV 4 2008

EXAMINER



Gateway Helicopters Ltd.

Oct 27, 2008

Nanette Causseaux

I spoke to you on the phone
Monday concerning the application
that I sent in the previous week
that had been filled out wrong.

Enclosed please find the corrected
application form. Sorry to cause
you these problems.

Fueyn Duse

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

PART I

1. Name and business address of nonresident:

CHRIS MIKE SELK
150 JAGUAR DRIVE SOUTH
TIMMINS, ONT. CANADA
P4N 7C3

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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:

GEORGE SMITH, JR.
4880 TREDI DRIVE
TUCKERVILLE, FLORIDA FL 32257

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: [Signature]

3. I, _____, 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: _____

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: [Signature]

Date: Oct 27/08

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 8327
TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.