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Q1000000007		
(Requestor's Name) (Address)	600166968606	
(City/State/Zip/Phone #)	Q10-7	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	01/26/1001020018 **350.00 Power of Atty	
Special Instructions to Filing Officer:	William CERTER Reynold SET	
Office Use Only	N. CAUSSEAUX JAN 2 8 2010 EXAMINER	

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

	[PARTI]
	1. Name and business address of nonresident: William C Roynolds
10	All Railroad Services Corp 159 Hampton Point Dr. Slikes St Augustine Elocida 32092
	(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, <u>WIM AM</u> <u>C</u> <u>Ret molds</u> , 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: Willam Keynolds
	PARTI
	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: Cullian Reynolds
	Date: 1/ 1/ 10
	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.

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