QD000000009

(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:

Office Use Only



400166968624

Q10-9

01/26/10--01020--018 **350.00

Power of Atty

Emilo Lamera PILED

N. CAUSSEAUX

JAN 28 2010

EXAMINER

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

		PART I	Emilia	Zamora
1. Name	and business address of nonr	esident:	CIMINO	
All R	ailroad Serv	ices (DRD	200
159	amoton Point	Dr. ?	Suite 3	Eng
<u>54. (</u>	walstine, Kl	320	92	2
	J			Me 3
(COMPLE	TE EITHER #2 <u>OR</u> #3 - NO)T BOTH)		FSI
	me and Florida street addres served in accordance with s			
			, FL	
	en named as registered agen ne undersigned, I hereby acce acity.			
R	egistered Agent's signature: _			
3. 1, <u>E</u> A	ilio Zamora		, a nonresident,	hereby appoint the
	cretary of State as my registe nce with section 487.047(2),			r process may de ser
N	onresident's signature	0:500	l Qua	
,,	Sinesident & signature 27/14		7	
		PART II	_	
	cknowledge this document is office pursuant to section 48	7.047, Florida		registered agent and
N	onresident's signature: <u>~~</u>	lio ₹or	niga	
	Date: <u>1/15</u>	110		<u> </u>
	FEES: \$35.00 - REGISTERE \$52.50 - CERTIFIED \$87.50 - TOTAL DUE	COPY FEE (RE		JIRED)
	(MAKE CHECK PAYABLE	TO: FLORIDA D	EPT. OF STATE)	
	SUBMIT DOCUMENT / DIVISIO P.O. BO	N OF CORPORA	TIONS	

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