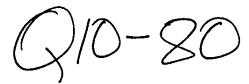
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| (Requestor's Nan | ne) |
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| (Address) | |
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| (City/State/Zip/Ph | one #) |
| . PICK-UP WAIT | MAIL |
| (Business Entity | Name) |
| (Document Numb | per) |
| Certified Copies Certification | ates of Status |
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Ricardo Santiago Gonzalez

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10 JUL 19 PM 1:55
SECTORIDA
SECTORIDA

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

| PARTI |
|---|
| 1. Name and business address of nonresident: |
| Ricardo Santiago Conzalez |
| HO BOX 1130 |
| Marshall, AR 78650 |
| (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, Icado Gozalez , 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: Ricards of median |
| 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: Vicenelas Dannes |
| Date: 7-141-2010- |
| 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 TAIL ANASSEE EL 22214 |

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