

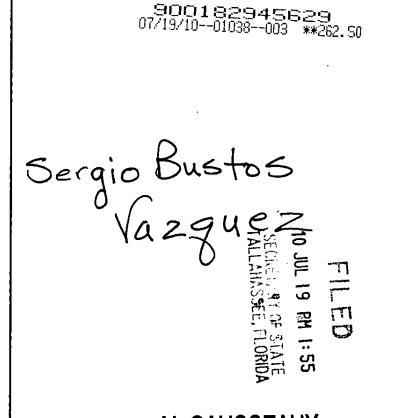
(Re	equestor's Name)	
PUBOX	SSIVE SOLU 1130 LL AR 72650	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
. (Do	ocument Number)	
Certified Copies	Certificates of Status	
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N. CAUSSEAUX

JUL **2 1** 2010

**EXAMINER** 

## A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PARTI
1. Name and business address of nonresident:
Sergio Bustos Vazquez
PO ROLLIZO
Marshall, AR 78650
52
(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, Sergio Bullos Varauoz, 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: Seuzie Busty Vongos
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: Sengia Bosto Vorgue
Date: 7-14-2010-
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 TALLAHASSEE, FL 32314

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