

Q11000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

W11-34947

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
789/304/761
P/s list the individual's name in Part I.

Office Use Only



800208880488

Q11-53

800208880488
06/28/11--01022--017 **\$7.50

FILED
11 JUL 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUL 19 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2011

PROGRESSIVE SOLUTIONS
P.O. BOX 1130
MARSHALL, AR 27650

SUBJECT: PROGRESSIVE SOLUTIONS (MAURI MARKS)
Ref. Number: W11000034947

We have received your document for PROGRESSIVE SOLUTIONS (MAURI MARKS) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the individual's name in Part I 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 811A00015727

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

11 JUL 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PART I

1. Name and business address of nonresident:

Progressive Solutions Mauci Martin
PO Box 1130
Marshall, AR 72650

(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, _____, 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: Mauci Martin

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: Mauci Martin

Date: 6/10/11

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.