

Q12000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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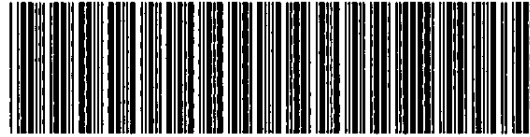
(Business Entity Name)

(Document Number)

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Mark McKay

12/26/12--01041--013 \*\*87.50

Q12-79

STATE  
TALLAHASSEE, FLORIDA

12 DEC 26 AM 10:30

FILED

N. CAUSSEAU

DEC 27 2012

EXAMINER

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

FILED  
DEC 26 AM 10:30  
TALLAHASSEE, FLORIDA

**PART I**

1. Name and business address of nonresident:

MARK McKey  
EAST COAST Right of Way Maintenance, 717 Kevin Lane  
Louisville TN 37272

(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, MARK McKey, 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: Mark McKey

**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: Mark McKey

Date: 12-14-12

**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.