

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

PC

**SEP**: -5 2013 N. CAUSSEAUX

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

## PARTI

1. Name and bysiness address of nonresident:  Teffrey Darnell dba Darnell Farms
2300 Governors Island Road
Bruson City, NC 28713
17931
(COMPLETE EITHER #2 <u>OR</u> #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, <u>Teffrey Daynell</u> , 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:  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:
Date: 8/22/13 == == == == == == == == == == == == ==
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
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.