

Q13000000085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

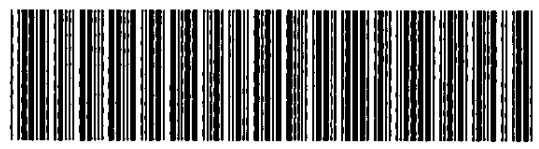
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800253146778

Dustin Scharmen

10/28/13--01026--004 **87.50

Q13-85

FILED
13 OCT 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

p/c

NOV -4 2013
N. CAUSSEAU

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

PART I

1. Name and business address of nonresident:

C/o HD Machines LLC
414 Hwy 11/80 E.
Meridian, MS 39301

13 OCT 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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, Dustin Scharmen, 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: D. D. Scharmen

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: D. D. Scharmen

Date: 10/22/13

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

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