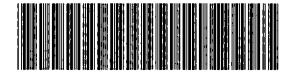
Q13000000093

(Requestor's Name)		
(Address)		
	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
·	•	·
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	-	





500254581545

DAVIDKLIER

12/12/13--01008--035 **87.50

Q13-93

FILED

13 DEC 13 AH 9: 30

SECRETARY DESTATE
TALLAHY, SSEE, FLORIDA

PC 13 2013 N. CAUSSEAUX

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

PART I Name and business address of nonresident: (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: 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: , 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 submifted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes. Nonresident's signature: Date:

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

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)
SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

\$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED)

\$87.60 - TOTAL DUE-

INHSE30(6/92)