

Q14000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

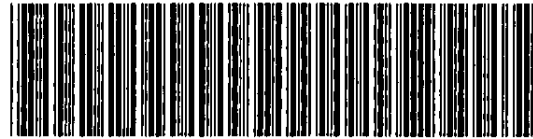
(Business Entity Name)

(Document Number)

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Steven Tyler  
Jones

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Q14-24

FILED  
14 FEB 24 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2014 ✓

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* MEDALIST GOLF CLUB  
9908 SE COTTAGE LANE  
HOBE SOUND, FL 33455

*Steven Tyler Jones*

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SECRETARY OF STATE

**(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:

MEDALIST GOLF CLUB, Inc. N94-4594  
9908 SE COTTAGE LANE  
HOBE SOUND, FL 33455

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: \_\_\_\_\_

**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: 02-10-14

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

08538-50  
*for file*

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