

Q15000000030

(Requestor's Name)

(Address)

WB-21739

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

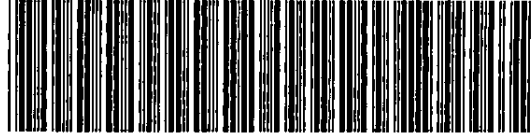
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



900270039709

Eric Bray

03/16/15--01006--021 \*\*87.50

Q15-30

FILED  
15 APR 15 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20 2015

N. CAUSSEAU



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2015

ALL RELIABLE SERVICES  
159 HAMPTON POINT DRIVE, SUITE 3  
ST. AUGUSTINE, FL 32092

SUBJECT: ERIC BRAY  
Ref. Number: W15000021739

We have received your document for ERIC BRAY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part I 1. we must have the name of the individual "ERIC BRAY." You cannot list two registered agent's. You must either designate the "FLORIDA SECRETARY OF STATE" or "CT CORP." If you list "CT CORP." you are going to need to get someone from "CT CORP." to sign on it's behalf.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 615A00006246

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

PART I

Eric C/o All Reliable Services  
Bray 159 Hampton Point Dr. Suite 3  
St. Augustine, FL 32092

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15 APR 15 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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, Eric C. Bray, 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: Eric C. Bray

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: Eric C. Bray

Date: 3/5/15

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.