01500000041

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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MAY 28 2015 N. CAUSSEAUX

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

PARTI

1. Name and business address of nonresident: JOHN P. DE MATTED 126ACY GOLF CLUB 8255 186ACY BCVO BRADENTON, FL 34202			
126ACY GOLF CLUB 8255 186ACY BLVO			
BRADENTON, FL 34202			
(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, John P. DE MATTEO, 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: All Pulls hours			
PART II			
Lhoroby polynomiadae this decument is being submitted to decimals a societared societared			
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: Jehr & We heetts			
Date: 5/21/2015			
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.