015000000056

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	 	





800274272958

Michael Gates

07/01/15--01023--012 **87.50

Q15-56



JUL'2-2015 N. CAUSSEAUX

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

PART I			
1. Name and business address of nonresident: Michael G FORD FLYTNG SERVICE, FNC- P.D. BOX 489, 564 HWY 270 WES	ates ford		
FORD FLYTNG SERVICE, INC.			
P.U. BOX 489, 364 HWY 2 10 WES			
DOERUN, 1914 31 (19"			
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)			
2. The name and Florida street address of the registered agent upon may be served in accordance with section 487.047, Florida Statutes i			
, FL			
Having been named as registered agent upon whom service of proce behalf of the undersigned, I hereby accept the appointment as registe in this capacity.			
Registered Agent's signature:			
3. I, MICHAEL GATES FORD, a nonresider Florida Secretary of State as my registered agent upon whom services in accordance with section 487.047(2), Florida Statutes.	nt, hereby appoint the of process may be served		
Nonresident's signature			
PART II			
I hereby acknowledge this document is being submitted to designate registered office pursuant to section 487.047, Florida Statutes.	a registered agent and a		
Nonresident's signature:	5		
Date: <u>6-29-2015</u>			
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (RE \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	QUIRED)		
(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.