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Jason Blanke Q15-57

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JUL 2- 2015 N. CAUSSEAUX



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2015

JASON BLANKE JAY'S FLYING SERVICE INC. 6079 COUNTY ROAD 425 HANNIBAL, MO 63401

SUBJECT: JASON BLANKE Ref. Number: W15000033160

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

You can only designate one (1) registered agent, you must remove one of them. (#2 or 3)

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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.

Letter Number: 215A00009815

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

PARTI

1. Name and bu	isiness address o	f nonresider	it: Jau's E	Cuin	Service	مرک رہ	. 11
6079	CR 42	5		7			
HADO	ibal 1	MO	63401	/			
(COMPLETE EI	THER #2 <u>OR</u> #3	NOT BOTH	f)				
2. The name an may be served in	d Florida street an accordance with	ddress of the section 487	7.047, Florida	gent upon Statutes is	whom services:	ce of pro	cess
1201	W. Bc	11 5	7,				
Avus	n PARK	FL	4	, FL	3382	5	
behalf of the und in this capacity. Register 3. I,	med as registered dersigned, I hereb red Agent's signa y of State as my r ith section 487.04	ture:	appointment My Jel , a n gent upon who	as registe. UUL nonresiden	red agent ar	nd agree	to act
Nonresi	dent's signature:				,	<u>7</u>	并
	ledge this docum pursuant to secti	ent is being			a registered		
Nonresi	dent's signature:	<u> </u>	131		1		= _
	Date:	250	Time 5	0/5	<u> </u>		
Fi	\$35.00 - REGI \$52.50 - CER \$87.50 - TOTA	TIFIED COPY I	NT DESIGNATIO FEE (REQUIRED	ON FEE (REC	QUIRED)	Ì	
	(MAKE CHECK PA)	ABLE TO: FL	ORIDA DEPT. OF S	STATE)			
	ļ	MENT AND CHE DIVISION OF CO P.O. BOX 6327 TALLAHASSEE,	RPORATIONS				

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