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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Tyler Bruch

03/10/16--01006--027 **87.50

FILED
16 MAR -9 PM 12:46
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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2016 MAR -9 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 10 2016

N. CAUSSEUX

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

FILED
16 MAR -9 PM 12:46
TALLAHASSEE, FL
STATE OF FLORIDA

PART I

1. Name and business address of nonresident:

Tyler BRUCH
BOA SAFNA FARM MGMT.
754 CAMELIA LANE VERO Beach FL 32963

(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, Tyler BRUCH, 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: 3-2-16

**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.