

Q/16000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

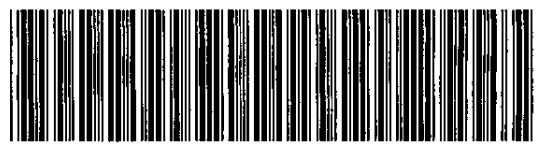
(Business Entity Name)

(Document Number)

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FILED  
16 JUL -6 AM 8:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL -8 2016

N. CAUSSEUX

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

FILED  
16 JUL -6 AM 8:25  
TALLAHASSEE, FLORIDA  
FLORIDA SECRETARY OF STATE

PART I

1. Name and business address of nonresident: Michael Eric Miller  
ROYAL PEST SOLUTIONS  
1 SHIPYARD BLVD  
WILMINGTON, NC 28402

(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:  
NATIONAL REGISTERED AGENTS  
1200 SOUTH PINE ISLAND DRIVE  
PLANTATION, FL. 33324

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: Nicole Choinard

3. I, \_\_\_\_\_, 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: Michael Eric Miller

Date: 5-12-2016

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.