

Q16000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Josey Tillman  
Q16-68

09/13/16--01028--014 \*\*87.50

RECEIVED  
16 SEP 13 PM 1:27  
STATE OF FLORIDA  
N. CAUSSEAU

SEP 19 2016  
N. CAUSSEAU

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

**PART I**

1. Name and business address of nonresident:

~~200~~ Josey Tillman  
The Golf Club at Summerbrooke  
7505 Preservation Rd ~~32312~~ Tallahassee, FL 32312

(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, Josey Tillman, 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: Joy Till

**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: Joy Till

Date: \_\_\_\_\_

**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.