

Q17000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Robert Engel  
Q17-79

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 SEP 26 PM 3:42

N. CAUSSEUX

SEP 27 2017

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

## PART I

1. Name and business address of nonresident:

ROBERT ENGEL  
4865 W LAKE RD - P O BOX - 7  
DUNKIRK N.Y. 14048

(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, Robert Engel, a nonresident, hereby appoint 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: Robert Engel

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## 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: 8/25/17

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.

INHSE30(6/92)

**PAID**  
FF COB #1211  
AUG 25 2017  
BY: \$87.50  
14:02 DSO