

Q18000000049

(Requestor's Name)

(Address)

W18-22468

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

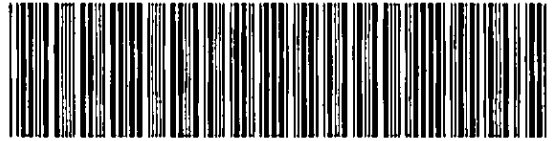
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



600309771896

Justin Adams

Q18-49

03/05/18--01020--013 ++\$7.50

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
2018 APR 30 PM 2:30

N. CAUSSEAU

MAY - 7 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2018

FLORIDA ECO CONTROL  
ATTN: JUSTIN ADAMS  
P.O. BOX 928  
NAPLES, FL 34106

SUBJECT: JUSTIN ADAMS  
Ref. Number: W18000022468

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

Need the signature of "JUSTIN ADAMS" below 3. SEE RED X.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 118A00004696

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

**PART I**

1. Name and business address of nonresident:

Justin Adams  
Florida Eco Control  
P.O. Box 928  
NAPLES, FL 34106

(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, Justin Adams, 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: X Justin Adams

**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: Justin Adams

Date: April 25, 2018

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.

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DIVISION OF CORPORATIONS  
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