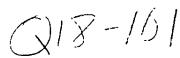
@18000000101

(Requestor's Name)		
(Address)		
(Address)		
(City/S	State/Zip/Phone	#)
, ,	·	•
PICK-UP	MAIT	MAIL
_		· · · · · · · · · · · · · · · · · · ·
	F-20 No.	
(Busir	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer	
opeoid mondenons to	ing officeri	
L		

Office Use Only



700320390297



11/06/18--01006--808 **87.50

RECEIVED NOV 0 5 2018

551/5512 -5 PH 3: 12

N. CAUSSEAUX NOV /8 2018

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

PARTI

Name and business address of nonresident: Saul Flores Cruz
529 INDUSTRIAL DRIVE
BEAN STATION, TN. 37708
(COMPLETE EITHER #2 <u>OR</u> #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:
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 ac in this capacity.
Registered Agent's signature:
3. I, Saul Flores Cruz , 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: 10-08-2018
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.