Q19000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JUN -3 A 9:13
TALLAHASSEE, FLORIDA

D SCOTT

JUN - 4 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

BARRETT TYNE HEARTSILL
863 LEE RD 417
OPELIKA, AL 36804

SUBJECT: OSMPSE UTILITIES SERVICES
Ref. Number: W19000048921

FILED
2019 JUN -3 A 9:13
TALLAHASSEE, FLORIDA

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

Please provide individual name on #1 of the application.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00010160

RECEIVED
JUN 03 2019

[redacted]

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

* Barrett Tyne Heartsill **PART I**

1. Name and business address of nonresident:
Osmose Utilities Services for Barrett Tyne Heartsill
863 Lee Road 417
Opelika, AL 36804

(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: [redacted]

3. *I,* Barrett Tyne Heartsill *, 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: Barrett Tyne Heartsill

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: Barrett Tyne Heartsill

Date: ~~5-8-19~~ 5-8-19

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)

Wood Treatment & Right-of-way Pest Control