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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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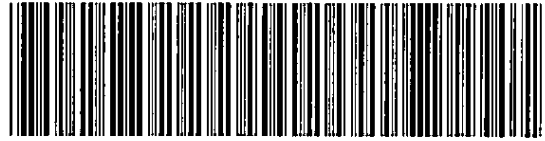
(Business Entity Name)

(Document Number)

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OCT 11 2019  
M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2019

JAMOS D. BEIERLE  
6209 BOWDENDALE AVE.  
JACKSONVILLE, FL 32216

SUBJECT: JAMOS D. BEIERLE  
Ref. Number: W19000080236

2019 SEPT 10 PM 4:49

We have received your document for JAMOS D. BEIERLE . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Apologies Mr. Beierle, but since you are a Florida Resident, you do not need to file this form. This form is for out of state residents. Please contact the Florida Department of Agriculture for further assistance. Please return this letter requesting a refund and we will submit for a refund.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 219A00019326

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

PART I

1. Name and business address of nonresident:

James D. Beierle  
605 W. BEALEY ST.  
ST. MARYS, GA 31558

(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, James D. Beierle, 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: James D. Beierle

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: James D. Beierle

Date: 09-09-2019

<b>FEES:</b> \$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.

2019 OCT 10 PM 4:54