## 020000000007

(Rec	questor's Name)	
(Add	iress)	
(Ada	dress)	
(Add	ness)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
/Do	cument Number)	
,000	Janiene Hamber,	•
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



500339001975

01/13/20--01051--015 \*\*87,50

2020 FEB TO AHTH: 00

JAN 28 2020 M. SOLOMON

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

## PART I

Name and business address of nonresident:	
1. Name and pusifiess address of noticesident.	
Nicholas R Johnson P & Box 909 Salem, VA 24153  S25 McClelland St Salem VA 2415  (COMPLETE EITHER #2 OR #3 - NOT BOTH)	5
(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. <u>Nicholas R Johnson</u> , 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: 12.46. 9.40.	
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: / / Glange	
Date: 1-9-2020	
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)



January 28, 2020

NICHOLAS R. JOHNSON PO BOX 909 SALEM, VA 24515-3

SUBJECT: NICHOLAS R JOHNSON Ref. Number: W20000008257

We have received your document for NICHOLAS R JOHNSON and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Line item number 1 must list a street address and not a post office box. Please resubmit to our office with a copy of this letter.

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

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 120A00002021

RECEIVED