02100000024

(Requ	estor's Name)	.
(Addre	ess)	*
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
	-	

Office Use Only



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

PARTI	• .
Name and business address of nonresident. Mirale S) - ty
the state of the s	10 (1)
529 INDUSTRIAL PRIVE	(A) 200
36AN STATION, TN 37708] (45) [] (10)
COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
The name and Florida street address of the registered agent upon whom service of pro may be served in accordance with section 487.047, Florida Statutes is:	cess
the state of the s	
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 in this capacity.	
Registered Agent's signature:	
3. I. MILHER ANGER ANSWIP MORNES, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be sin accordance with section 487.047(2), Florida Statutes. Nonresident's signature: MiJuEl Andulando Morale	served
PARTIL	
I hereby acknowledge this document is being submitted to designate a registered agent a registered office pursuant to section 487.047, Florida Statutes.	nd a
Nonresident's signature: Migael Angel Antonio Mora	45
Date: MAY 26, 2021	
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 6927 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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