

Q2100000055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

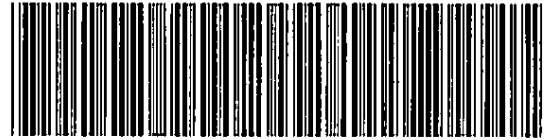
(Document Number)

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OCT 21 2021
M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2021

THE LAKE DOCTOR, INC
1531 COMMONWEALTH BUSINESS DR, UNIT 204
TALLAHASSEE, FL 32303

SUBJECT: TIMOTHY MILES
Ref. Number: W21000137841

We have received your document for TIMOTHY MILES 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):

The Designation of Registered Agent form is for a "NonResident" of Florida for a Restricted-Use Pesticide License. If you would like a refund of monies paid, please send me a signed letter requesting a refund.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 221A00025318

*Rec'd
10-21-21*

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

PART I

1. Name and business address of nonresident:

Timothy Mills
1138 Meridian Road
Thomasville, Ga 31792

(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, Timothy Mills, 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: Timothy Mills

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: Timothy Mills

Date: 9/28/21

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.

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