

F21000600974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

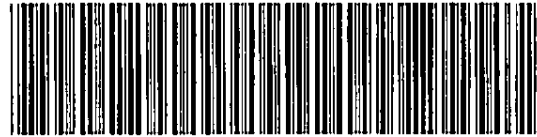
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB 18 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FL

687
2/18/21



BCLM Harrell Corporation
4900 Maplewood Dr Sulphur, LA 70663
PH 337-549-0371 FX 337-476-2662

February 5, 2021

Florida Department of State
Division of Corporations

RE: Corporation Name Release Letter

To Whom It May Concern:

In June of 2018, BCLM Harrell Corporation was inadvertently filed in Florida as a Florida Corporation when in fact it should have been filed as a Foreign Corporation doing business in Florida.

We are taking the necessary steps to make this correction. In order to correct this mistake, we are dissolving the Florida Corporation and re-filing as a Foreign Corporation. As such, we are asking you to release the name BCLM Harrell Corporation in order to be filed immediately as a Foreign Corporation.

Sincerely,

Bradley Harrell
President

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COVER LETTER

2021 FEB 18 PM 4: 06

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

SUBJECT: BCLM Harrell Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bradley Harrell

Name of Person

BCLM Harrell Corporation

Firm/Company

4900 Maplewood Drive

Address

Sulphur, LA 70663

City/State and Zip code

brad.r.harrell@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Harrell

at (337) 549-0371

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. BCLM Harrell Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 82-4059714
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 11, 2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4900 Maplewood Dr Sulphur, LA 70663
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicholas Caperna

Office Address: 10300 Forest Hill Blvd Space 166

Wellington, Florida 33414
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Bradley Harrell
☐ Vice Chairman Address: 4900 Maplewood Dr
☐ Director Sulphur, LA 70663
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christina Harrell
☐ Vice Chairman Address: 4900 Maplewood Dr
☐ Director Sulphur, LA 70663
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

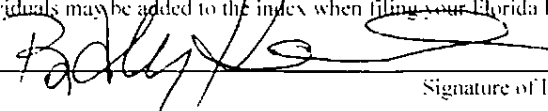
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

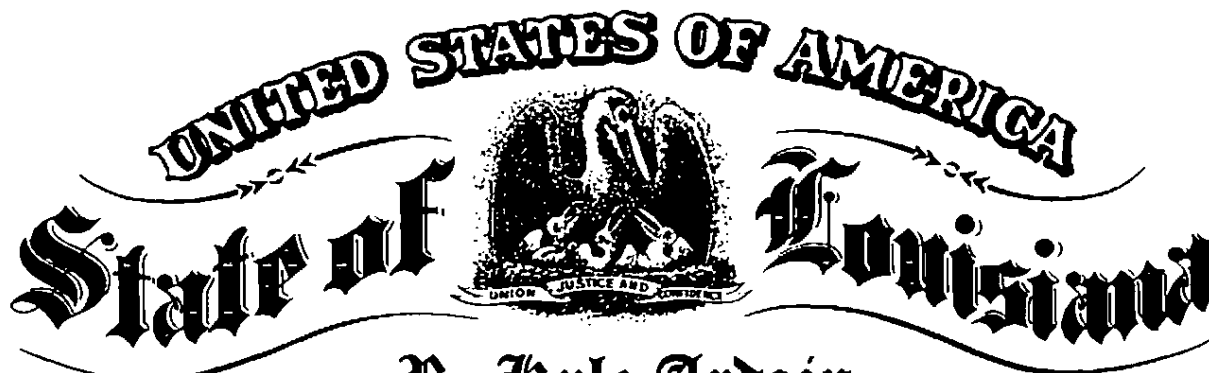
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Bradley Harrell President
(Typed or printed name and capacity of person signing application)



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

BCLM HARRELL CORPORATION

A corporation domiciled in SULPHUR, LOUISIANA,

Filed charter and qualified to do business in this State on January 11, 2018,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 18, 2021

Secretary of State

Web 42912815D



Certificate ID: 11342681#BFG62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov