Maw 10655

(Requestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

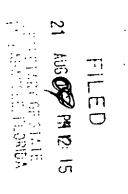




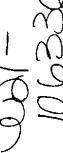
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JUL 26 2021











July 28, 2021

BP CAPITAL MANAGEMENT, L.L.C. 2 S UNIVERSITY DR STE 220 TALLAHASSEE, FL 33324

SUBJECT: BCRS, LLC

Ref. Number: W21000106336

We have received your document for BCRS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 421A00017731

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AUG 0 9 2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GISTING, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA-I. BCRS, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," of "LLC.") BLUESTAR CORPORATE RELOCATION SERVICES, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting busines, in Florida. The alternate name must include "Limited Liability Company," T. L. C. For "LLC,") DELAWARE 2. Thursdiction under the taw of which foreign limited liability company is organized: il El number, il applicable i Three first transacted business in Florida, if power to registration ((See 46 tions 693 1986) 3, 1015 1990 S. U.S. In determine penalty liability) 2 S. UNIVERSITY DRIVE 2 S. UNIVERSITY DRIVE Street Address of Principal Others (Marling Address) SUITE 220 SUITE 220 PLANTATION, FL 33324 PLANTATION, FL 33324 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 HAYS STREET Office Address: TALLAHASSEE Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company withe place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Iffirther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Fam findilar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: BP Capital Management, L.L.C. Manager Manager Name: ______ □Manager Address: 2 S. University Drive □Member ☐ Member Address: ____ Suite 220 □ Authorized □ Authorized Tallahassee, FL 33324 Person Person □Other_____ □Other____ ☐ Other □Other □ Manager Name: _____ □ Manager Name: ____ □ Member Address: ______ Address: ☐ Member □ Authorized □ Authorized Person Person □Other □Other □Other □ □Other_____ □Manager □Manager Name: ___ Name: □Member Address: ____ □Member Address: □ Authorized □ Authorized Person Person □Other □Other_____ □Other □Other____ Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Typed or printed name of signee

DANIEL KIRK

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BCRS, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTH DAY OF JULY, A.D. 2021.

Authentication: 203616855

Date: 07-07-21

6062927 8300 SR# 20211768073

You may verify this certificate online at corp.delaware.gov/authver.shtml