

L23000017215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/20/22--01011--010 \*\*185.00

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22 DEC 20 AM 6:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2023

ELISA AMARI  
7301 SE SEAGATE LANE  
STUART, FL 34997

SUBJECT: BLUEBIRD RELICS LLC  
Ref. Number: W23000002650

We have received your document for BLUEBIRD RELICS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLES 1-3 ARE MISSING FROM YOUR APPLICATION

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) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 623A00000683

22 DEC 20 AM 6:12  
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2022

ELISA AMARI  
7301 SE SEAGATE LANE  
STUART, FL 34997

SUBJECT: BLUEBIRD RELICS LLC  
Ref. Number: W22000157477

2022-12-23 PM 1:34

We have received your document for BLUEBIRD RELICS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 122A00028792

22 DEC 20 AM 6:12  
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ELISA AMARI  
122A00028792

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Bluebird Relics LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Sa Amari

(Contact Person)

Bluebird Relics LLC

(Firm/Company)

201 SE Seagate Lane

(Address)

Tallahassee, Florida 34997

(City, State and Zip Code)

bluebirdrelics@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sa Amari

at (201) 694-0899

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable to US Dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
\$5 for Conversion  
\$125 for Articles  
(Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

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

payable to US  
DEC 20 AM 6:12  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Seabird Relics LLC

(Enter Name of Other Business Entity)

The "Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

It was organized, formed or incorporated under the laws of New Jersey  
(Enter state, or if a non-U.S. entity, the name of the country)

March 1, 2020  
(date of organization, formation or incorporation)

The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Seabird Relics LLC  
(Enter Name of Florida Limited Liability Company)

If not effective on the date of filing, enter the effective date: January 1, 2023

**The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The plan of conversion has been approved in accordance with all applicable statutes.

The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

**FILED**  
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TALLAHASSEE, FLORIDA

signed this 14th day of December 2012

~~Signature of Authorized Representative of Limited Liability Company:~~

Signature of Authorized Representative: Elisa Amari

Printed Name: Elisa Amari Title: Owner

~~Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]~~

Signature: Elisa Amari  
Printed Name: Elisa Amari Title: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Others:**

Signature of an authorized person.

SE:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Bluebird Relics LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

7301 SE Seagate Lane  
Stuart, FL 34997

### Mailing Address:

7301 SE Seagate Lane  
Stuart, FL 34997

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Elisa Amari

Name

7301 SE Seagate Lane

Florida street address (P.O. Box **NOT** acceptable)

Stuart

FL 34997

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF  
TALLAHASSEE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Elisa Amari

7301 SE Seagate Lane

Stuart, FL 34997

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

Should something happen to myself, Elisa Amari, and can no longer operate, and the business needs to be dissolved  
Nabil Amari, my spouse is authorized dissolve the LLC.

**REQUIRED SIGNATURE:**

*Elisa Amari*

**Signature of a member or an authorized representative of a member**

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.

*Elisa Amari*

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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20 DEC 20 AM 6:12  
SECRETARY OF STATE  
TALLAHASSEE, FL  
12/17/2022