

L22000012378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

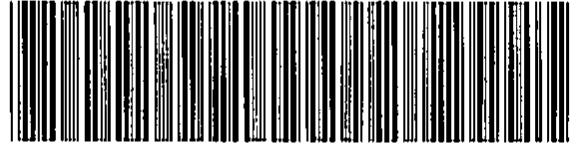
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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W21-15877



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2021

LAJUAN STEPHENS  
3130 CHAMPION RING RD APT 306  
FORT MYERS, FL 33905

SUBJECT: GEEK-OUT ENTERTAINMENT  
Ref. Number: W21000158775

We have received your document for GEEK-OUT ENTERTAINMENT and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

The name of a limited liability company 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 amend your document accordingly.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 221A00030166

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2021 DEC 27 11:11 AM

## COVER LETTER

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

**SUBJECT:** Geek-Out Entertainment

(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:

Lajuan Stephens

(Contact Person)

Geek-Out Entertainment

(Firm/Company)

3130 Champion Ring Rd apt 306

(Address)

Fort Myers, Florida 33905

(City, State and Zip Code)

Geekoutent@gmail.com

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

For further information concerning this matter, please call:

Lajuan Stephens

at ( 405 ) 371- 1586

(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 in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of 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

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Geek-Out Entertainment

(Enter Name of Other Business Entity)

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

First organized, formed or incorporated under the laws of Oklahoma  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12-3-2021  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Geek-Out Entertainment

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12-03-2021

**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the 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.

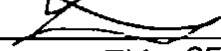
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. 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.

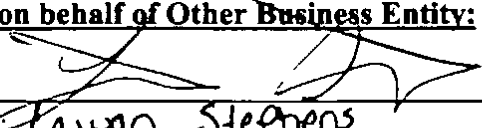
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FILED

Signed this 8 day of December 20 21.

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

Signature of Authorized Representative:   
Printed Name: Lajuan Stephens Title: CEO

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

Signature:  X  
Printed Name: Lajuan Stephens X Title: CEO X

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

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

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

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

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

**If Florida Corporation:**

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

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

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

Signature of one General Partner.

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

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Geek-Out Entertainment

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

L.L.C.

## ARTICLE II - Address:

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

### Principal Office Address:

3130 Champion Ring rd apt 306

Fort Myers Florida

33905

### Mailing Address:

3130 Champion Ring Rd

Fort Myers Florida

33905

## 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:

Layuan Stephens

Name

3130 Champion Ring Rd apt 306

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

fort myers

City

FL

33905

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)

2021 DEC 27 PM 7:10  
JAN 11 2022

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Lajuan Stephens

3130 champion ring rd apt 306

Fort Myers, Florida 33905

AMBR

Lajuan Stephens

3130 Champion Ring rd apt 306

Fort Myers, Florida 33905

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

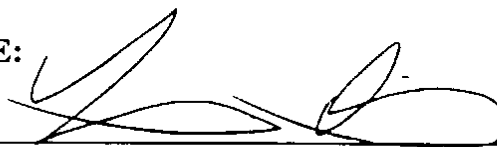
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(Use attachment if necessary)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.

Lajuan Stephens

\_\_\_\_\_  
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)**

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE  
OF  
REINSTATEMENT**

*WHEREAS, the Application for Reinstatement of*

**GEEK-OUT ENTERTAINMENT LLC**

*has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such reinstatement.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
3rd day of December, 2021.*

*Brian B. Babin*

*Secretary of State*





OKLAHOMA SECRETARY OF STATE

Brian Bingman  
Secretary of State

421 N.W. 13th, Suite 210  
Oklahoma City, OK 73103

J. Kevin Stitt  
Governor

December 3, 2021

RECEIPT

Page 1 of 1

Attn: LAJUAN STEPHENS  
GEEKOUT ENTERTAINMENT  
3130 CHAMPION RING RD APT 306  
FORT MYERS FL 33905

Client ID: 290372306

Session ID:

Process Date: 12/03/2021

Receive Date: 12/03/2021

Document Number	Document Detail	Filing Number	Entity Name	Page Count	Fee
52073880002	Reinstatement	3512572125	GEEK-OUT ENTERTAINMENT LLC		\$50.00
52073880003	Credit Card Surcharge Document				\$2.00
Total Document Fees					\$52.00

Payment Type	Payment Reference	Amount
Credit Card	****XXXXXXXX4723	\$52.00
Total Payments Received		\$52.00

*Note:* Any overpayment will be refunded within 15 days of receipt of written request, or an automatic refund will be issued in 60 days

Evidence of Filed Document(s) or Orders(s) requested is enclosed.

**Please include Client ID number on all correspondence.**