

L12000065291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

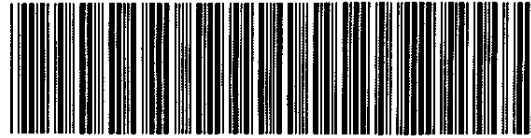
(Business Entity Name)

(Document Number)

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

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12 MAY 11 AM 11:23  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 15 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEOPLE'S STEW & QUE, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter Deloatch, Jr. Esquire, Attorney for People's Stew & Que, LLC.

Name of Person

Walter Deloatch, Jr., Attorney- At-Law

Firm/Company

28 West Flagler Street, Suite 1005

Address

Miami, Florida 33130

City/State and Zip Code

deloatcw@yahoo.com

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

For further information concerning this matter, please call:

Walter Deloatch, Jr. Esquire

Name of Person

at ( 305 ) 728-1932

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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12 MAY 11 AM 11:23  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

People's Stew & Que, LLC.

(Must end with 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:

1546 NE Quayside Terrace

Miami, Florida 33138

#### Mailing Address:

1546 NE Quayside Terrace

Miami, Florida 33138

### 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:

Walter Deloatch, Jr. Esquire

Name

28 West Flagler Street, Suite 1005

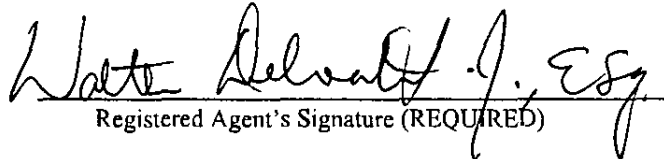
Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33130

City, State, and Zip

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FLORIDA  
12 MAY 11 AM 11:23

*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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Carl Lewis  
19070 NW 57<sup>th</sup> Avenue, Apt. 204  
Hialeah, Florida 33015

MGRM

George Lewis III  
634 N. University Drive  
Plantation, Florida 33324

MGRM

Gloria Lewis  
1546 NE Quayside Terrace  
Miami, Florida 33138

MGRM

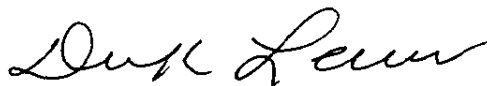
Derek Lewis  
15882 NW 15<sup>th</sup> Court  
Pembroke Pines, Florida 33028

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Derek Lewis

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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12 MAY 11 AM 11:24  
SEC. OF STATE  
TALLAHASSEE, FLORIDA