

# L18000201284

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MARY G STEWART CPA PA  
Account Number : I288800000055  
Phone : (941)258-3191  
Fax Number : (941)258-3192

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Mary@PtCharlotteCPA.com

**FLORIDA LIMITED LIABILITY CO.  
AMERICAN QUALITY MOWING & PRESSURE WASHING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

N. SAMS

AUG 23 2018

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**ARTICLES OF ORGANIZATION  
OF  
AMERICAN QUALITY MOWING & PRESSURE  
WASHING LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is AMERICAN QUALITY MOWING & PRESSURE WASHING LLC, (hereinafter referred to as "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The mailing address and street address of the principal office of this Limited Liability Company shall be:

2515 LAKESHORE CIRCLE  
PORT CHARLOTTE, FL 33952

**ARTICLE 3 - PURPOSE OF CORPORATION**

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE 4 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of this Limited Liability Company is:

STUART TOOKER  
2515 LAKESHORE CIRCLE  
PORT CHARLOTTE, FL 33952

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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

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and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

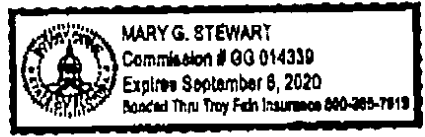
By: Stuart Tooker  
STUART TOOKER, Registered Agent

State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this 13th day of August, 2018 by  
STUART TOOKER.

Personally Known ☒ OR Produced Identification ☐  
Type of Identification Produced \_\_\_\_\_

Mary G. Stewart  
Notary Signature



10 SEP 22 11:28:30

ARTICLE 5 – TITLE, NAME, AND ADDRESS OF ALL MANAGING MEMBERS

STUART TOOKER, MGRM  
2515 LAKESHORE CIRCLE  
PORT CHARLOTTE, FL 33952

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.

By: Stuart Tooker  
STUART TOOKER, Organizing Member

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