Electronic Articles of Organization
For
Florida Limited Liability Company

L25000063495
FILED 8:00 AM
January 31, 2025
Sec. Of State
klovelace

Article I

The name of the Limited Liability Company is:

CLAMQUEST, LLC

Article II

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

4601 N 9TH AVENUE
PENSACOLA, FL. 32503

The mailing address of the Limited Liability Company is:

4601 N 9TH AVENUE
PENSACOLA, FL. 32503

Article III

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

DEBRA KERMAN
4601 N 9TH AVENUE
PENSACOLA, FL. 32503

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.

Registered Agent Signature: DEBRA KERMAN

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: AP
DEBRA KERMAN
4601 N 9TH AVENUE
PENSACOLA, FL. 32503 US

Signature of member or an authorized representative

Electronic Signature: DEBRA KERMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L25000063495

AFFIDAVIT

STATE OF FLORIDA

I, Debra Kerman, being the sole owner of the dissolved/revoked entity, CLAMQUEST, LLC, have no intention of reinstating and I am releasing the name.

I, Debra Kerman, solemnly swear that the contents of this document are true and correct, and that I agree to abide by the terms in this affidavit.

Debra Kerman

State of Florida
County of Escambia

Sworn to (or affirmed) and subscribed before me by means of ☒ Physical Presence. – OR – ☐ Online Notarization.
this 14 (Date) day of February (Month), 2025 (Year).

by DEBRA KERMAN (Name of Affiant)

(Signature of Notary Public - State of Florida)

TRUDY D. LUESCHER (Name of Notary Public)

(Seal)

TRUDY D LUESCHER
Notary Public - State of Florida
Commission # HH 190884
My Comm. Expires Dec 16, 2025

Personally Known ___ OR Produced Identification X
Type of Identification Produced FLORIDA D/LIC