

L22000194448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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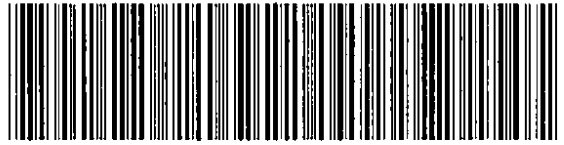
(Business Entity Name)

(Document Number)

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**CORPORATE  
ACCESS,  
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**LLC** \_\_\_\_\_

**1. PULGA, LLC**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PULGA, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**8750 STIRLING RD #102-368**

**HOLLYWOOD, FL 33024**

**Mailing Address:**

**8750 STIRLING RD #102-368**

**HOLLYWOOD, FL 33024**

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

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

**IVONNE DAYANA MARTINEZ MILLAN**

**8750 STIRLING RD #102-368**

**HOLLYWOOD, FL 33024**

*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.*

*/S/IVONNE DAYANA MARTINEZ MILLAN*

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

**AMBR**

**IVONNE D. MARTINEZ MILLAN  
CARRERA 7\*90-15 APT 703  
BOGOTA, COLOMBIA**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is May 11, 2022.

REQUIRED SIGNATURE:

**/S/IVONNE D MARTINEZ MILLAN**

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**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.

IVONNE D. MARTINEZ MILLAN

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Typed or printed name of signee