



202463817338



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY
California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: 202463817338

Date Filed: 9/17/2024

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| | |
|---|--|
| Limited Liability Company Name | Ponce Consulting Group, LLC |
| Initial Street Address of Principal Office of LLC Principal Address | 1173 CAPRICE DRIVE SAN MARCOS, CA 92078 |
| Initial Mailing Address of LLC Mailing Address | 1173 CAPRICE DRIVE SAN MARCOS, CA 92078 |
| Attention | Michael Ponce |
| Agent for Service of Process Agent Name | Michael Ponce |
| Agent Address | 1173 CAPRICE DRIVE SAN MARCOS, CA 92078 |
| Purpose Statement | The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act. |
| Management Structure The LLC will be managed by | One Manager |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing. | |
| Electronic Signature | |
| <input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign. | |
| <u>Angelo Roman, Jr.</u> Organizer Signature | <u>09/17/2024</u> Date |



**Secretary of State
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814
P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name: Angelo Last Name: Roman, Jr.

Phone Number: 626 709-0530 Email: angeloroman54@hotmail.com

Entity Information (Please type or print legibly):

Entity Name: Ponce Consulting Group, LLC

Entity Number (if applicable): _____

Comments: _____



Secretary of State
Articles of Organization
Limited Liability Company (LLC)

LLC-1

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

This Space For Office Use Only

1. Limited Liability Company Name (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Ponce Consulting Group, LLC

2. Business Addresses

| | | | |
|---|-------------------------|-----------|--------------|
| a. Initial Street Address of Principal Office - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| 1173 Caprice Drive | San Marcos | CA | 92078 |
| b. Initial Mailing Address of LLC, if different than Item 2a | City (no abbreviations) | State | Zip Code |
| | | | |

3. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.

| | | | |
|---|-------------------------|--------------|--------------|
| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | Suffix |
| Michael | | Ponce | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| 1173 Caprice Drive | San Marcos | CA | 92078 |

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

| |
|---|
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b |
| |

4. Management (Select only one box)

The LLC will be managed by:

☒ One Manager ☐ More than One Manager ☐ All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign here

Angelo Roman, Jr.

Print your name here