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NAME: FGO CA, LLC

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2019 DEC -9 AM 9: 5 SECRETARY OF STA

ARTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
FGO CA, LLC	
(Must conatin the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address:	f the Limited Liability Company is: Mailing Address:
37-18 57th Street	37-18 57th Street
Woodside, NY 11377	Woodside, NY 11377
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent Paracorp Incorporated	are:
Namo	e Fil

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..

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

State

155 Office Plaza Drive, 1st Floor

City

Tallahassee

PLEASE SEE ATTACHED CONSENT

Registered Agent's Signature (REQUIRED)

32301

Zip

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	it and the second secon
"MGR" = Manager	
MGR	Eric Mautner
	37-18.57th Street
	Woodside, NY 11377
MGR	Barrett Wolf
	37-18 57th Street Woodside, NY 11377
	W0003ldc, 141 11377
	37-18 57th Street Woodside, NY 11377 SECRETARY SECRETARY SOLUTION SOLUT
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	TA (
	רח י
If an effective date is listed, the date m he date of filing.)	the date of filing: (OPTIONAL) The date
REQUIRED SIGNATURE:	h Millett
This document I am aware tha	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State sird degree felony as provided for in s.817.155, F.S.
Alan T	. Gallanty
<u>Alait 1.</u>	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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/06/2019

ENTITY NAME: FGO CA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated