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' FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/12/20

NAME: BG FLAGSHIP LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BG Flagship LLC (Musi cont	tain the words "Limited	Liability Company.	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
7239 Carmel Court		7239	Carmel Court	
Boca Raton, FL 334	33	Boca	Raton, FL 33433	
ARTICLE III - Registered Ag				
	y cannot serve as its own	i Registered Agent, \	t's Signature: 'ou must designate an individual or	
(The Limited Liability Company	y cannot serve as its owr active Florida registration	n Registered Agent, \ on.)		2020
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(The Limited Liability Company another business entity with an	y cannot serve as its owr active Florida registration address of the registered Brian Gross	n Registered Agent, Yon.) d agent are: Name	ou must designate an individual or	12 AM
(The Limited Liability Company another business entity with an	y cannot serve as its owr active Florida registration address of the registered Brian Gross 7239 Carmel Court	n Registered Agent, Yon.) d agent are: Name	ceptable)	12 AH 1

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" - Authorized Member "MGR" - Manager **Brian Gross** 7239 Carmel Court Boca Raton, FL 33433 (Use attachment if necessary) ____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Brian Gross, Authorized Representative

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)