# L20000380037

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(Address)			
(Address)			
(City/State/Zip/Phone #)			
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## **CORPORATE**

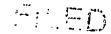
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			WA	ALK IN		
		PICK	K UP:	12/11/2020		
	xx	CERTIFIED COPY		-	<u>.</u>	
		РНОТОСОРУ			-	_
		CUS				100
	xx	FILING	LLC		<u></u>	
1.		10X Whirlybird Holdir	ngs, LLC			
2.		(CORPORATE NAME AND DOCUM	MENT #)	<del></del>		
3.		(CORPORATE NAME AND DOCUM	MENT #)			<u> </u>
4.		(CORPORATE NAME AND DOCUM	MENT#)			
5.		(CORPORATE NAME AND DOCUM	ИENT #)			
6.		(CORPORATE NAME AND DOCUM	AENT #)			_
	ECIAI STRU	L CTIONS:				



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY DEC 11 AM 10: 58

ARTICLE I - I	Name:
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ÏATE

The fiame of the Limited Liability Company is:	SECRETATO OF ST TALLAHASSEE, I
10X Whirlybird Holdings, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18909 NE 29th Ave, Aventura FL 33180	18909 NE 29th Ave. Aventura FL 33180
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are;
Grant Cardone	<u> </u>
Nan	ne

18909 NE 29th Ave, Florida street address (P.O. Box NOT acceptable) Aventura 33180 City State

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.,

Grant (ardom
—0F0F955AF4F7471 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Me "MGR" = Manager	Name and Address: ber
MGR	Grant Cardone
MOK	18909 NE 29th Ave,
	Aventura, FL 33180
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	(L) -L
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	, <u>–</u> l
(Use attachment if necessa	
an effective date is listed, the da date of filing.)	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days and does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.
RTICLE VI: Other provisions, if a	
REQUIRED SIGNATUR	
REVERED SIGNATUR	DocuSigned by:
Sign This docu	are of a member or an authorized representative of a member. OFFOFFOSSAF4F7471  on is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware	at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
Gra	Cardone
	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)