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DATE: 5/22/2023

NAME: 914 HOLDINGS LLC

TYPE OF FILING: ARTICLES

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eun ire	914 HOLDII						
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The enclo	sed Articles of C	Organization and fee(s) are	submitted	for filing.			
Please ret	urn all correspor	ndence concerning this matt	er to the fo	ollowing:			
	CARL L KEN	INEDY					
			Name of	Person			
	KENNEDY &	GOARD LLC					
			Firm/Co	npany			
	980 N FEDERAL HWY SUITE 110						
	BOCA RATO	ON FL 33432					
			ty/State an	d Zip Code			
	CLKTax@AC	E-mail address: (to be used	for fisture o	unnual report notification	<u></u>		
				inital report notification	,		
For furthe	r information co	ncerning this matter, please	call:				
	CARL L KENNEDY 56		1	419-2236			
	Nam			Daytime Telephone	e Number		
Enclose	d is a check for t	he following amount:					
	.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certif	i5.00 Filing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address				Street Address New Filing Section Di	ivision		

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must o	contain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address:	1 l	For of the Limited 1	iahility Company is:		
The mailing address and stre	et address of the principal of	fice of the Limited	Claumity Company is:		
<u>Prir</u>	Principal Office Address:		Mailing Address: 980 N FEDERAL HWY		
980 N FEDERAL	980 N FEDERAL HWY				
SUITE 110			E 110		
BOCA RATON	FL 33432	BOC	BOCA RATON FL 33432		
The nume and the Fiorida st	CARL L KENNEDY				
The name and the Florida st	reet address of the registered	agent are:			
	CARL L KENNEDY				
		Name			
	980 N FEDERAL HI				
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)		
	BOCA RATON	FL	33432		
	City	State	Zip		
olace designated in this certif	ered agent and to accept service to accept the appoint of the provisions of all statutes refer the obligations of my position Regist	oiniment as register olating to the prope	r and complete performance ys provided for in Chapter 6	of my duties, and I	
				· 5	
		(CONTINUED)			

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CONNOR GREENBAUM 980 N FEDERAL HWY STE 110 BOCA RATON FL 33432
AMBR	LUKE WEINHAUS 980 N FEDERAL HWY STE 110 BOCA RATON FL 33432
AMBR	JAMES ARONSON 980 N FEDERAL HWY STE 110 BOCA RATON FL 33432
f an effective date is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed a artiment of State's records.
armon part. Octobronolisiano ifami	IL BUSINESS IN THE STATE OF FLORIDA FOR WHICH A
	7
REQUIRED SIGNATURE:	10112
This document	of a member of an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	typed or printed name or argues

as

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)

\$ 5.00 Certificate of Status (Optional)