## L20000 281574

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
`	•	,
	cument Number)	·
ζ		
Certified Copies	Certificates	of Status
	_ Ochmodics	
<del></del>		·····
Special Instructions to	Filing Officer:	
		İ

Office Use Only



300351984043

09/16/20--01018--008 \*\*125.00



C RICC SEP 1 6 2920

## CAPITAL CONNECTION, INC.

417 E, Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

					- 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
WIGGLE BUTT L	LC				•
					30000000000000000000000000000000000000
<del></del>	<del>_</del>	<del></del>	<del> </del>		<u></u> 4
			<u> </u>		
		<del>.</del>	<u> </u>		
				Art of Inc. File	
			<u> </u>	LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
			<u> </u>	Trade/Service Mark	
				Merger File	
				Art. of Amend. File	
				RA Resignation	
			<u> </u>	Dissolution / Withdrawal	<del></del>
				Annual Report / Reinstatement	<u></u>
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	<del>-</del>
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	<b></b>
			ļ ——	Vehicle Search	
_				Driving Record	
Requested by: SETH				UCC 1 or 3 File	
Name	Date	Time	<u></u>	UCC 11 Search	
Walk-In	317'11 Yo' 1 **		—	UCC 11 Retrieval	
Walk-In		p		Courier	

## **COVER LETTER**

	New Filing Se Division of Co				
SUBJEC	WIGGLE	BUTT LLC			
500000	··	Name	of Limited Liabi	lity Company	
The enclose	sed Articles o	f Organization and fee	e(s) are submitte	l for filing.	
Please reti	urn all corresp	ondence concerning t	his matter to the	following:	
	Alexander I	B. Rotbart, Esq			
			Name o	Person	
	The Rotbart	Law Group, PA			
		·	Firm/Co	ompany	
	101-103 Eas	st Palmetto Park Road	I		
			Addı	ess	
	Boca Raton	, FL 33432			
	alexrotbart7@	Pemail.com	City/State an	d Zip Code	
•		E-mail address: (to be	used for future a	unual report notificat	ion)
For further i	nformation co	ncerning this matter, p	olease call:		
	Alexander B		561 at (	702-3534	
	Nam	e of Person	·	Daytime Telephon	ne Number
Enclosed is	s a check for t	he following amount:			
<b>≣\$</b> 125.00	Filing Fee	□\$130.00 Filing F Certificate of Statu	s Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section		Street Address New Filing Section D	ivision
	Divisio	on of Corporations		The Centre of Tallaha 2415 N. Monroe Stre	assee
		assee, FL 32314		Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WIGGLE BUTT LLC			
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the principal office o	f the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
698 NW 3RD AVENUE BOCA RATON, FL 33432	698 NW 3RD AVENUE BOCA RATON, FL 33432		
ARTICLE III - Registered Agent, Registered Office, & Reg The Limited Liability Company cannot serve as its own Regist mother business entity with an active Florida registration.)	gistered Agent's Signature: dered Agent. You must designate an individual or		
The name and the Florida street address of the registered agent	are:	93 120	<b>.</b> .
Alexander B. Rotbart		10 kg	*
Name	e		• ;
101 East Palmetto Park Roa	nd		
Florida street address (P.O.	Box NOT acceptable)	- <u>F</u>	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
<u>MGR</u>	Alexander B. Rotbart 698 NW 3rd Avenue Boca Raton FL 33432
MGR	Alexis Rotbart 698 NW 3rd Avenue Boca Raton FL 33432
/II 1	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date reflective date is listed, the date must be spate of filing.)	meet the applicable statutory filing requirements, this data will not be listed
ICLE V: Effective date, if other than the date is effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not locument's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed tof State's records.
ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execular am aware that any false	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed tof State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)