

# L/4000034278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
3-1-2014

02/14/14--01010--014 \*\*130.00

FILED  
2014 FEB 25 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 28 2014

101-10137  
uncomplete



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2014

TAHER SHRITEH  
618 COOPER ST.  
PUNTA GORDA, FL 33950

SUBJECT: SHRITEH WHOLESALE LLC  
Ref. Number: W14000010137

We have received your document for SHRITEH WHOLESALE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please fill out and return to our office along with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 714A00003529

2/24/2014

Karen A Saly  
Regulatory Specialist II  
Ref W14000010137

Please, disregard the company's previous name SHRITEH WHOLESale  
LLC.

The new name of the company is: ORANGE WHOLESale

Thank you

A handwritten signature in black ink, reading "Taher Shriteh". The signature is written in a cursive style with a large, sweeping initial "T" and a long horizontal stroke extending from the "h".

Taher Shriteh

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ORANGE WHOLESAL**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAHER SHRITEH

Name of Person

ORANGE WHOLESAL

Firm/Company

618 COOPER ST

Address

PUNTA GORDA, FL 33950

City/State and Zip Code

tshriteh@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taher Shriteh

Name of Person

at ( 941 ) 204 0404

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE  
3-1-2014

ORANGE WHOLESALE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Taher Shriteh

618 Cooper St

618 Cooper St  
Punta Gorda, FL 33950

Punta Gorda, FL 33950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Taher Shriteh

Name

22444 Sacramento Ave

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

Port Charlotte

FL 33954

City

Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Taher Shriteh

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Taher Shriteh, MGR

**Name and Address:**

22444 Sacramento Ave, Port Charlotte  
FL 33954

Zahra Shriteh, AMBF

22444 Saramento Ave, Port Charlote  
FL 33954

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March, 1st, 2014 (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Taher Shriteh

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)**