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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Eddoniess Entity Marrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

T. CLINE

JUL 10 2009 .

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2009

CHRISTOPHER BRITO 5147 OLD ASHWOOD DRIVE SARASOTA, FL 34233

SUBJECT: CHRIS BRITO AUTOMOTIVE LLC

Ref. Number: W09000028059

We have received your document for CHRIS BRITO AUTOMOTIVE 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 15, 2005. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00020365

COVER LETTER

TO: Registration Division of C			
SUBJECT:	CHRIS BE	RITO AUTOMOTIVE I	LC
·	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
·	Ch	eristopher J Brito	
		Name of Person	
	CHRIS BR	RITO AUTOMOTIVE LLC	
		Firm/Company	
	5147	Old Ashwood Drive	2009 JUL -9 SECRETARY TALLAHASS
		Address	AR U
	Saras	sota, Florida 34233	IL-9 PI HASSEE.
		ity/State and Zip Code	
vair	<u>.</u> .		PH PH
¥ (X-11	E-mail address: (to be used	for future annual report notification	
For further information	n concerning this matter, pleas	se cali:	0 _A
Christ	topher J Brito	at (941)	809-3241
Nam	e of Person	Area Code & Daytime To	elephone 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
CHRIS BRITO AU	
(Must end with the words "Limited Li	ability 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:
410 N Tamiami Trail Ste B Osprey, Florida 34229	5147 Old Ashwood Drive Sarasota, Florida 34233
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or another
	her J Brito
Nar	me
5147 Old As	shwood Drive
Florida street address (P	O. Box NOT acceptable)
Sarasota FL 34223	FL
City, State	
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Christopher J Brito 5147 Old Ashwood Drive Sarasota, Florida 34233	
MGRM	Javier L Brito 7027 Westwood Drive Sarasota, Florida 34241	<u> </u>
(Use attachment if necessary)	dos of Cliana	- - -
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business	s days prior
•	or an authorized representative of a member.	JUL -9 PM
	1	1:32
Type Filing Fees:	Christopher J Brito ed or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)