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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
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Office Use Only



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2006 MAY 22 P 4: 08
SECRETARY OF STATE

COVER LETTER

Division of Con						
SUBJECT: 8	T Installa					
	(Name of Limited	d Liability Company)				
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
Day	ld William	Name of Person)				
	(Firm/Company)				
3412 King George Lane						
(Address)						
Seffner FL 33584						
(City/State and Zip Code)						
For further information	concerning this matter, please	call:				
Dovid Pa	ouse	at (813) 241-	5935			
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)			
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filling Lee, Certificate of Ctatura Certified Copy is (additional copy is lenclosed)			
·	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 C Tallahassee, FL 32301	P UP OF STATE			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BT Instaulations L.I (Must end with the words "Limited Liability Company, "Limited Company" or the	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is
Principal Office Address: Mailing Ad	ldress:
3412 King George Lane 3416 Selbbrer 92 33584 Sebi	yer in 33584
ARTICLE III Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Registered Agent. You business chitty with an active Florida registration.).	must designate an individual or another
The name and the Florida street address of the registered age	nt are:
David Rouse Name	<u> </u>
Florida street address (P.O. Box Seffred FL 33 City, State, and Zip	NOT acceptable)
Having been named as registered agent and to accept service liability company at the place designated in this certificate registered agent and agree to act in this capacity. I further ag statutes relating to the proper and complete performance of accept the obligations of my position as registered agent a	, I hereby accept the appointment as tree to comply with the provisions of a my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury. that the facts stated herein are true.) Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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