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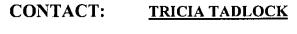
06/06/06--01001--017 **1750.00



2006 JUN -5 AM 10: 01
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14



DATE: <u>06-05-06</u>

Examiner's Initials

REF. #: <u>001260.53017</u>

CORP. NAME: BHINSTALLATION, LLC

() ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT

() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION		
() OTHER:		
STATE FEES PREPAID WI'	TH CHECK# <u>51189</u> FOR \$ <u>12</u>	<u>5.00.</u>
AUTHORIZATION FOR AC	CCOUNT IF TO BE DEBITE	D:
AUTHORIZATION FOR AC		D: MIT: \$
AUTHORIZATION FOR ACTION FOR ACTI		
PLEASE RETURN:		MIT: \$

TO SECRETARY OF SEC. P. S. AND. O.

() ARTICLES OF DISSOLUTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e: ited Liability Company is:	
	Enstallation, LL(A SECONDARY
	ENSTATION, EN	う
ARTICLE II - Add	dress:	Service The
The mailing address	and street address of the principal of	ffice of the Limited Liability Company is
Principal Office Ad	ldress:	Mailing Address:
		1005 SW Sunset
		01 5 1 100
		Blue Springs, Mo
		64015
	Registered Agent, Registered Office Florida street address of the registere RICHARD PULLEN	64015 ., & Registered Agent's Signature:
	Florida street address of the registere RICHARD PULLEN Name	64015 ., & Registered Agent's Signature:
	Florida street address of the registere RICHARD PULLEN	64015 ., & Registered Agent's Signature:
	Florida street address of the registere RICHARD PULLEN Name	64015 Agent's Signature: d agent are:
	Florida street address of the registere RICHARD PULLEN Name 5453 N 59 STREET	64015 Agent's Signature: d agent are:

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and	address of each Manager or Managing Member is as follows:
Title: "MGR" = M "MGRM" =	Name and Address: Manager Managing Member
MGRM	Brian S Hinton
•	Blue Springs, MO
***************************************	6401
(Use attach	ment if necessary)
NOTE: A	n additional article must be added if an effective date is requested.
REQUIRE	ED SIGNATURE;
	B-1.
	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.)
	Brian S. Hinton
	Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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