105000014482

(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:

Office Use Only



600045224096

02/07/05--01062--007 **155.00

2005 FED -7 PN 1: 32

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Canal Re		d Liability Company)	
	(, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		Fournier Name of Person)	
	(1	Name of Person)	
		n & Snokhous	
	(Firm/Company)	
	4544 Post Oak P	lace Drive, Suite 378	
		(Address)	
		Texas 77027	
	(City/	(State and Zip Code)	
For further information of	concerning this matter, please	call:	elephone Number)
Juli Fournier		at (713) 629-6961	elenhane Number)
(Name	of Person)	(Area Code & Daytime 7	elephone Number)
Enclosed is a check for	r the following amount:		R S
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio	ET ADDRESS: ration Section on of Corporations Gaines Street	MAILING A Registration S Division of C P.O. Box 632	Section orporations

P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:		
The name of the Lin	mited Liability Company	is:	
Canal Road Rentals,	LLC		
ARTICLE II - Add The mailing address		e principal office of the Limited L	iability Company is:
Principal Office A	ddress:	Mailing Address:	
903 Sandpiper Drive		903 Sandpiper Drive	
Sugar Land, Texas 774	478	Sugar Land, Texas 77478	
			
ARTICLE III - Re	egistered Agent, Registe	red Office, & Registered Agent'	's Signature:
			_
the hame and the r	lorida street address of th		
	Dwight Reeves, B	unting Tripp & Ingley	
	 _	illman Ave.	33. 23.8 86.7
		address (P.O. Box <u>NOT</u> acceptable)	
-		te, and Zip	
	-	•	
liability compan	y at the place designated i	to accept service of process for the in this certificate, I hereby accept t	he appointment as 🔭
statutes relating to	o the proper and complete	ncity. I further agree to comply with the performance of my duties, and I ale gistered agent as provided for in C	m familiar with and
	wight of	Lucia Recves Lucia Recves Agent's Signature	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Mana	ager
"MGRM" = Ma	anaging Member
MGRM	Randy Fournier
	903 Sandpiper Drive
	Sugar Land, Texas 77478
	
(Use attachmen	at if necessary)
NOTE: An ad	ditional article must be added if an effective date is requested.
REQUIRED S	IGNATURE:
	Randy Fourier
	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.)
	Randy Fournier
	Typed or printed name of signee

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

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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