

L14000069696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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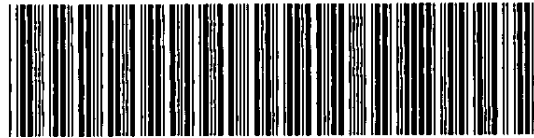
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 APR 29 PM 4:32



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 111647 4325838

AUTHORIZATION :

COST LIMIT : \$125.00

Spivey

2014 APR 29 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : April 29, 2014

ORDER TIME : 1:36 PM

ORDER NO. : 111647-005

CUSTOMER NO: 4325838

DOMESTIC FILING

NAME: NOIR NAPLES PROPERTY
MANAGEMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 52925

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Noir Naples Property Management, 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:

c/o MPW Industrial Services, Inc.
9711 Lancaster Rd. SE
Hebron, OH 43025

Mailing Address:

c/o MPW Industrial Services, Inc.
9711 Lancaster Rd. SE
Hebron, OH 43025

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:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City Zip

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..

By: Melissa K. Kostyurki, Assist VP
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Monte R. Black

c/o MPW Industrial Services, Inc., 9711 Lancaster Rd.

Hebron, OH 43025

2004 APR 29 PM 9:42
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CLARK COUNTY
OHIO
STATE

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(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.)

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.)

Stefanie L. Coe

Typed or printed name of signee

Authorized Representative

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)