

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L01000005066**

TRT Associates, LLC

000003944020--1

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\*\*\*\*\*125.00 \*\*\*\*\*125.00

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|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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 NOT RELEND  
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Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
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 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

4/2/01

Order#: 3978012

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

ARTICLES OF ORGANIZATION

OF

TRT ASSOCIATES, LLC

These Articles of Organization are executed by the undersigned for the purpose of forming a Florida Limited Liability Company under Chapter 608 of the Florida Statutes:

ARTICLE I - NAME

The name of the limited liability company is TRT Associates, LLC.

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The mailing address and street address of the principal office P.O. Box 693, 618 North Seventh Street, Sheboygan, Wisconsin 53081.

ARTICLE III - DURATION

The period of duration for the limited liability company shall be perpetual.

ARTICLE IV - REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Thomas R. Testwuide, Sr.  
303 Firehouse Lane  
Longboat Key, Florida 34228

ARTICLE V - MANAGEMENT

Management of the limited liability company shall be vested in its members. The name and address of the initial member is: Thomas R. Testwuide, Sr., 303 Firehouse Lane, Longboat Key, Florida 34228.

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APPROVED  
FILED

ARTICLE VI - ORGANIZER

The name and complete address of the organizer is Shawn G. Rice, 780 North Water Street, Milwaukee, Wisconsin 53202. In accordance with Section 608.408(3) of the Florida Statutes, the execution of these Articles of Organization by the duly authorized representative of the members constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 27<sup>th</sup> day of March, 2001.

  
Shawn G. Rice, Organizer

This document was drafted by:

Shawn G. Rice  
Godfrey & Kahn, S.C.  
780 North Water Street  
Milwaukee, Wisconsin 53202

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TRT Associates, LLC

2. The name and address of the registered agent and office is:

Thomas R. Testwuide, Sr.  
(NAME)

303 Firehouse Lane

(P. O. Box NOT ACCEPTABLE)

Longboat Key, Florida 34228  
(CITY/STATE/ZIP)

01 MAR -2 PM 3:03  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

*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.*

Thomas R. Testwuide Sr.  
(SIGNATURE)

03/26/01  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**