L07000117197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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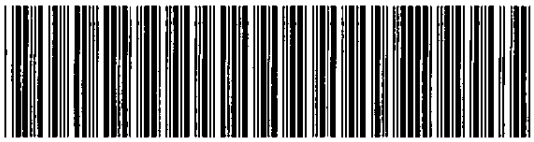

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GODFREY & KAHN S.C.
ATTORNEYS AT LAW

780 NORTH WATER STREET
MILWAUKEE, WI 53202-3590
TEL 414-273-3500
FAX 414-273-5198
www.gklaw.com

November 19, 2007

VIA FEDERAL EXPRESS
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Ellaretee, LLC

Dear Sir/Madam:

Enclosed for filing is an original and one exact copy of Articles of Organization to form "Ellaretee, LLC" as a Florida limited liability company. Also enclosed is a check in the amount of $125.00 filing fee in this regard. Once this document has been filed, please arrange to have evidence of the filing returned to me at our address given above.

Should you require anything further or have any questions regarding the enclosed, please call me toll free at 1-877-455-2900. Thank you for your assistance.

Very truly yours,

GODFREY & KAHN, S.C.

Janell Bishop

Janell M. Bishop
Paralegal

JMSB
Enclosures
cc: John A. Dickens
Kasey A. Wroblewski

mw1407236_1

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ellaretee, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janell M. Bishop, Corporate Paralegal
(Name of Person)

Godfrey & Kahn, S.C.
(Firm/Company)

780 North Water Street
(Address)

Milwaukee, WI 53202
(City/State and Zip Code)

For further information concerning this matter, please call:

Janell Bishop, Corporate Paralegal at (414) 273-3500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Ellaretee, 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:	**Mailing Address:**
W141 N9240 Fountain Blvd. Menomonee Falls, WI 53051	W141 N9240 Fountain Blvd. Menomonee Falls, WI 53051

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:

NRAI Services, Inc.
Name

2731 Executive Park, Suite 4
Florida street address (P.O. Box **NOT** acceptable)

Weston, FL 33331
City, State, and 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 608, F.S..

NRAI Services, Inc.

By: _____
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Michael R. Esser W141 N9240 Fountain Blvd. Menomonee Falls, WI 53051
MGRM	Mary Jo Esser W141 N9240 Fountain Blvd. Menomonee Falls, WI 53051

(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.)

Michael R. Esser, Member
Typed or printed name of signee

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)