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Florida Department of State  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
TLJL, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
TLJL, LLC**

**ARTICLE I: NAME**

The name of the limited liability company is TLJL, LLC (the "LLC").

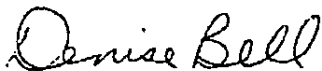
**ARTICLE II: ADDRESS**

The street and mailing address of the principal office of the LLC is One Snack Food Lane,  
Minong, WI 54859.

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial registered agent are:  
CT Corporation Systems  
1200 South Pine Island Road  
Plantation, FL 33324

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 of the Florida Statutes.



REGISTERED AGENT'S SIGNATURE

**ARTICLE V: PURPOSE**

The LLC is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

**ARTICLE VI: DURATION**

The LLC is formed for an indefinite duration.

**ARTICLE IX: MEMBERS**

The name and address of each person authorized to manage and control the LLC:

Title:

Name and Address:

Member

Troy John Link

One Snack Food Way

Minong, WI 54859

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Member

James Rodney Lambert

981 Hillsboro Mile

Hillsboro Beach, FL 33062



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, 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 Florida Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.

Kathleen Manson

TYPED OR PRINTED NAME OF THE SIGNEE

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