

1/19/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WOLF CAPITAL MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wolf Capital Management, 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:

Kathleen Manson
Name of Person

Link Snacks, Inc.
Firm/Company

110 North Fifth Street, Suite 700
Address

Minneapolis, Minnesota 55403
City/State and Zip Code

Kathleen.manson@jacklinks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: Kathleen Manson at (612) 334-7493.

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
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|---|---|---|--|

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
Wolf Capital Management, LLC**

ARTICLE I: NAME

The name of the limited liability company is Wolf Capital Management, LLC (the "LLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is: 1200 South Pine Island Road, Plantation, FL 33324.

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

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

National Registered Agents, Inc.
1200 South Pine Island Road
Broward County
Plantation, Florida 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.



Peter Trawinski
Assistant Secretary

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 Link Revocable Trust

One Snack Food Way/PQ Box 579

Minong, WI 54859

KATHLEEN MANSON, AUTHORIZED PERSON OF TROY LINK REVOCABLE TRUST
WHICH IS A MEMBER OF WOLF CAPITAL MANAGEMENT, LLC

FILED
18 JAN 19 PM 4:44
CLERK OF STATE
TALLAHASSEE, FLORIDA



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