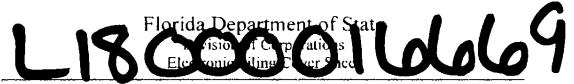
1/19/2018

Division of Corporations



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(((H180000229483)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA LIMITED LIABILITY CO. WOLF CAPITAL MANAGEMENT, LLC

Certificate of Status	Ü
Certified Copy	1
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JAN 22 2018

COVER LETTER

Division of Corpor			
SUBJECT:	Wolf Capital Manager	nent LLC	<u> </u>
	[Name of Limited Liabili		
	of Organization and fee(s) erning this matter to the fo	are submitted for filing. Ple ollowing:	ease return all
Kathleen Manson Name of Person			
Link Snacks, Inc. Firm/Company			
110 North Fifth Street	Suite 700		
Minneapolis, Minneso City/State and Zip Cod			
Kathleen.manson@iac E-mail address: (to be	klinks.com used for future annual rep	port notification)	
For further information	n concerning this matter,	please call: <u>Kathleen Mansc</u>	on at <u>(612) 334-7493</u> .
Enclosed is a check for	the following amount:		
☑ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filling Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing fee & Certificate of statu & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporation	ns '	Street Address New Filling Section Division of Corpora	tions
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Taliahassee, 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 registored agent and to accept service of process for the above stated limited flability 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/PO Box 579

Minong, WJ 54859

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

BER 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