To: Page 2 of 5

1/19/2016

2018-01-19 07:23:43 CST

16144554862 From: James Tanks

Division of Corporations



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		/ER LETTER	
TO: Registration Section Division of Corpor			,
SUBJECT:	WolfCap Team, LLC		
	Name of Limited Liabilit	y Company]	
The enclosed Articles of correspondence conce	of Organization and fee(s) rning this matter to the fo	are submitted for filing. Ple llowing:	ase return all
Kathleen Manson	• •		
Name of Person			
Link Snacks, Inc.		·	
Firm/Company			
110 North Fifth Street	Sulte 700		
Address	<u></u>		
Minneapolis, Minneso		<u>`_</u>	
City/State and Zip Cod	e		
Kathleen.manson@jac	klinks.com		
E-mail address: (to be	used for future annual rep	ort notification)	
For further informatio	n concerning this matter, p	olease call: <u>Kathleen Mansc</u>	on at <u>(612) 334-7</u>
	the following amount:		
Enclosed is a check for	🗍 \$130.00 Filing Fee &	\$155.00 Filing Fee & Certified Copy	
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## ARTICLES OF ORGANIZATION OF WolfCap Team, LLC

#### ARTICLE J: NAME

The name of the limited liability company is WolfCap Team, 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, Florida 33324

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

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 505 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 Wolf Capital Management 1200 South Pine Island Road Plantation, Florida 33324

KATHLEEN MANSON, AUTHORIZED PERSON OF WOLF CAPITAL MANAGEMENT WHICH IS A MEMBER OF WOLFCAP TEAM, LLC

¢

Misio 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