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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C | CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: Kathleen.manson@jacklinks.com

Foreign Limited Liability Company John E. Link Properties, LLC

Certificate of Status	()
Certified Copy	
Page Count	0.4
Estimated Charge	\$155.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

John E. Link Properties	s, LLC			
(Name of Foreign	Familed Frability Company; must include Trinites	Diabilay (lompany, T.T.C., or T.C.)	·
	name adapted for the purpose of transactory has ness or Hi			
(It matte grows) filde, enter alternate i	name adapted for the purpose of transactore loss ness or Eb	anda. The ah	conate dame ness include "Confed Liabelity Compar	sy,mmt 3, C, horms k C
Delaware 2	meli fereign limited liability company is organized)	3	(FPI number, i) applicable	
) Junsalchen uilder ihe law el w	meli feretan limited habitity company is organized)		(FFF number, () applicable	τ)
·1.	(Disternish noselected business in Florida, it prise to r (See sections 695-6964 & 665,0905, F.S. to determin	egestration) is penalty in	ability (
5 265 S Federal Hwy.	Ste. 177	4	265 S Federal Hwy, Ste. 177	
3 Nice: Address of Principal Offices			(Mailing Admess)	
Deerfield Beach, Ff. 33441			Deerfield Beach, FL 33441	1
		_		+-
		_		ŧ .
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT ac	centable)	ئئ۔
7. Autre and street address	with the total regularies agent. (1.17.17.77.	<u>, uc</u>	ocpanie y	-
Name;	CT Corporation System			3
Office Address:	1200 South Pine Island Road			
	Plantation		. Florida	
	'('m; ·		(Zip code)	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Driek Bell Bense Bell, Assistant Secretary, CT Corporation System

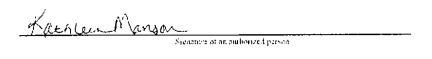
Registered agenc's signature:

8.	For initial indexing purposes,	list names, tit	de or capacity:	and addresses	of the primary	members/managers or	persons authorized	to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacit	Y:	Name and Address:	
_ Manager	Name: John E. Link Revocable Trust	Manager	Name:		
■ Member	Address: One Snack Food Lane	□Member	Address:	····	
_Authorized	Minong, WI 54859	□Authorized			
Person		Person			
_Other	Other	DOther		I Other	
_ ∐Manager	Name:	∐Manager	Name.		
_Member	Address:	□ Member	Address:		
—Authorized		⁺ Authorized		<u></u>	
Person		Person		₹. -	
Other		IOther		□ Other	
⊒Manager	Name:	□ Manager	Name		
— _{Member}	Address:	- _{Member}	Address:		
_Authorized					
Person		Person			
- _{Other}	— Other	TiO)(ber		^ Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official baving custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).
- 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.





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I, JEFFREY W. EULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOHN E. LINK PROPERTIES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Authentication: 202843495

Date: 03-06-23