



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 12 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Palermo Ventures, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

60 East Simpson Ave., Box 2869, Jackson, WY 83001

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

940 Edgewood Lane, P.O. Box 828
Victor, ID 83455

Kathleen Spitzer

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Integrity Investments, LLC 60 East Simpson Ave., Jackson, WY 83001

5. Mailing address for future correspondence (annual report notices):

60 East Simpson Ave., Box 2869, Jackson, WY 83001

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Lisa Shults, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/12/2011 05:00
CK: 17944 CT: 197947 BH: 1286236
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