

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

11 AUG 12 AM 8 31

SECRETRY OF STATE

	Avellino Enterprises, LLC					10/11
2. 1	The complete street and mailing addres	ses of th	e initial de	signated/pi	rincipal office:	
	60 East Simpson Ave., Box 28	69, Jac	kson, W	Y 83001	- -	
	(Street Address)					
	(Mailing Address, if different than street address)	<u></u>				
3. The name and complete street address of the registered agent: 940 Edgewood Lane, P.O. Box 83						
	Kathleen Spitzer	Jictor,	ID 834	155 		
	(Name) (S	treet Address)			·
4. The name and address of at least one member or manager of the limited liability company:						
	Name			<u>Address</u>		
	Integrity Investments, LLC 6	0 East	Simpson	Ave., J	ackson, WY	83001
						·
			<u></u>			
					·	_
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):						
_	ature of a manager, member or aut	horized				
perso	· · · · · · · · · · · · · · · · · · ·	!		Secretary of	State use only	
Signa	ature the hult	. <u></u>				
Туре	d Name: Lisa Shults, Organize	:r				
-	ature			08/12	SECRETARY OF STAT	90
Type	d Name:			CK: 17946 1 0 100,00 =	CT: 197947 BH: 1 100.00 DRGAN L	286233 LC # 2