

# EXHIBIT "1"



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/06/2009	200912501164	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

MIKEL HOOSIER  
422 DOVEWOOD DR  
GAHANNA, OH 43230

**STATE OF OHIO  
CERTIFICATE**  
Ohio Secretary of State, Jennifer Brunner

1855317

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**LIONESS VIZIONS LLC**  
and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

200912501164



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 4th day of May, A.D.  
2009.

Ohio Secretary of State



Prescribed by:  
The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
e-mail: bussenv@eos.state.oh.us

<b>Expedite this Form: (Select One)</b>	
<small>Must Expedite to date of the Filing</small>	
<input type="radio"/> Expedite	PO Box 1390 Columbus, OH 43216
<small>Requires an additional fee of \$100</small>	
<input checked="" type="radio"/> Non Expedite	PO Box 670 Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC  
LIMITED LIABILITY COMPANY**  
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE:

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	<input type="checkbox"/> (2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705
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Name of limited liability company:

**Lioness Vizions LLC**

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "llc," or "llc"

Effective Date  
(Optional)

5/1/2009  
rwkdyhyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for  
(Optional)

Period of Existence

Purpose  
(Optional)

The purpose of this company is the production and distribution of written, electronic or musical media.

Check here if additional provisions are attached

SECRETARY OF STATE  
RECEIVED  
2009 APR 14 PM 2:02  
CLIENT SERVICE CENTER

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member(s), manager(s) or representative(s) of

**Lioness Vizons LLC**

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

**Mikel A. Hoosier**

Name of Agent

**422 Dovewood Drive**

Mailing Address

**Gahanna**

City

**Ohio**

State

**43230**

Zip Code

If the agent is an individual and using a P.O. Box, check this box to certify the agent is a resident of the state of Ohio.

**ACCEPTANCE OF APPOINTMENT**

The undersigned, named herein as the statutory agent for

**Lioness Vizons LLC**

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

  
Agent's Signature

**REQUIRED**  
Articles and original  
appointment of agent  
must be (signed) by a  
member, manager or  
other representative.

*Delina Hill-Brooker*  
\_\_\_\_\_  
Signature

*4/22/09*  
\_\_\_\_\_  
Date

**Delina R. Hill-Brooker**  
\_\_\_\_\_  
Print Name

*Angenita L. Childs*  
\_\_\_\_\_  
Signature

*4/22/09*  
\_\_\_\_\_  
Date

**Angenita L. Childs**  
\_\_\_\_\_  
Print Name

*Rhasha J. Hoosier*  
\_\_\_\_\_  
Signature

*4/22/09*  
\_\_\_\_\_  
Date

**Rhasha J. Hoosier**  
\_\_\_\_\_  
Print Name