

DATE: 08/08/2007

DOCUMENT ID 200721902318

NT ID DESCRIPTION 2318 DOMESTIC ARTICLES/NON-PROFIT (ARN)

FILING 125 00 EXPED

PENALTY .00

CERT

COPY .00

Receipt

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

P CHALASANI 10924 READING RD APT D SHARONVILLE, OH 45241

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1718313

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HELP END CHILD SLAVERY INC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC ARTICLES/NON-PROFIT

200721902318



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 6th day of August, A.D. 2007.

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

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

www.state.oh.us/sos e-mail: busserv@sos state.oh.us Expedite this Form: (select One)

Mail Form to one of the Following:

PO Box 1390
Columbus, OH 43216
Requires an additional fee of \$100 ***

PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit) Filing Fee \$125.00

(CHECK C		STATES THE FOLLOWING:		. 3
	NI VANE (I) BAY	1		
Profit	les of Incorporation (113-ARF) ORC 1701	(2) Articles of Incorporation Non-Proit (114-ARN) ORC 1702	(3) Articles of Incorporation Professional (170-ARP) Profession ORC 1785	1,51
				,
Complete th	ne general informatio	n in this section for the box checker	d above.	
FIRST:	Name of Corporati	on Help End Child Slave	ry Inc	
SECOND:	Location	Cincinnati	Hamilton	
		(City)	(County)	
Effective Da	ate (Optional)	Date specified c	an be no more than 90 days after date of filing. If a date is s	pecified.
Complete the		ion if box (2) or (3) is checked. Completin	ng this section is optional if box (1) is checked.	
	·	lavery, trafficking and prostitution	of children worldwide	
Complete the	e information in this	section if box (1) or (3) is checked.		
OURTH:		es which the corporation is authori	ized to have outstanding (Please state if shares are	

532

Page 1 of 3

Last Revised: May 2002

and and a lower of	halaani		
Parimala Kumar C	nalasani		
(Name) 10924 Reading Ro	ad Apt. D		
(Street)	NOTE: P.O. Box Addresses an	NOT acceptable.	
Sharonville	Ohio	45241	
(City)	(State)	(Zip Code)	
Philip A Russell			
(Name) 3735 Wood Trail D	r		
(Street)	NOTE: P.O. Box Addresses ar	NOT acceptable.	
Mason	Ohio	45040	
(City)	(State)	(Zip Code)	
Mamadou Diallo			
(Name) 3564 Estes Place Ay	ot 2		
(Street)	NOTE: P.O. Box Addresses ar	NOT acceptable.	
Cincinnati	Ohio	45229	
(City)	(State)	(Zip Code)	

Must be authenticated (signed) by an authorized representative

(See Instructions)

Parile	Chalun
Authorized Representativ	е
Parimala	Chalasani
(print name)	

7-15-07 Date

Parimala Chalasani
(print name)
10924 Reading Rd. Apt. D
Sharonville OHTO 45241

1//2/	1/8)	(//	
Authorized Regres		Duccan	
(print name)	H 1	RUSSELL	
3735	WOOD	TRHL DR	
MAJON	0410	45040	

7/2707 Date

Authorized Representative

7 - [4 - 07

MAMADOU DIALLO
(print name)
3564 estes PL, apt &
Cincinnati, OH 45229

Page 2 of 3

Last Revised: May 2002

Complete the information in th	is section if box (1) (2) or (3) is checked.	
	NAL APPOINTMENT OF STATUTORY AC	GENT
hereby appoint the following to	ist a majority of the incorporators of Help End Child Slavery Inc to be statutory agent upon whom any process, notice or demand required corporation may be served. The complete address of the agent is	ired or permitted by
Parimala Kumar Cha		
(Name) 10924 Reading Roa		
(Street)	NOTE: P.O. Box Addresses are NOT acceptable.	
Sharonville	Ohio 45241	
(City)	(Zip Code)	
Must be authenticated by an authorized representative	Painh Chalini Authorized Representative	7-15-07 Date
	Authorized Representative	7/77/ Date
	Authorized Representative	7 - 14 - 07
	ACCEPTANCE OF APPOINTMENT	
The Undersigned,	Parimala Kumar Chalasani	_, named herein as the
Statutory agent for,	Help End Child Slavery Inc	
, hereby acknowledges and ad 	Signature: (Statutory Agent)	-



DATE: 08/08/2007 DOCUMENT ID 200721902320

ENT ID DESCRIPTION 12320 ARTICLES OF ORGANIZATION/DOM. LLC (LCA) FILING 125.00 EXPED

PENALTY .00 CERT

COPY

Receipt

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

RANDALL L HULSMEYER 430 W ALKALINE SPRINGS RD VANDALIA, OH 45377

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1718316

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RANDALL'S AUDIO VIDEO AND VISUAL, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200721902320



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 6th day of August, A.D. 2007.

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)

Expedite this Form: (Select One)

Mail Form to one of the Following:

Yes
PO Box 1390
Columbus, OH 43216
Requires an additional fee of \$100 ***
PO Box 670
Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign) Filing Fee \$125.00

THE UNDERSIG				
(CHECK ONLY	ONE (1) BOX)			
(1) Articles of	Organization for		(2) Application for Registratio	on of
Domestic L	imited Liability Company		Foreign Limited Liability C	ompany
	(115-LCA)		(106-LFA)	
	ORC 1705		ORC 1705	· -*y
			(Date of Formation)	(State)
Complete the gene	aral information in this section	on for the box check	red above.	
	2			
Name _	Randall's Audio Video and V	isuar, LLC		
Check here if	additional provisions are	attached		
			liability company, fimited, Ltd, L.t.d., LLC, L.I	L.C.
Complete the infor	rmation in this section if box	(1) is checked.		
	ptional)	Date specified	d can be no more than 90 days after date	of filing. If a date is specific
		Date specified	d can be no more than 90 days after date be a date on or after the date of filing.	of filing. If a date is specific
Effective Date (O	ptional)	Date specified		of filing. If a date is specific
Effective Date (O	ptional)	Date specified	be a date on or after the date of filing.	of filing. If a date is specific
Effective Date (O	ptional)	Date specified		of filing. If a date is specific
Effective Date (O	ptional)	Date specified	be a date on or after the date of filing.	of filing. If a date is specific
Effective Date (O This limited liability Optional) Purpose	ptional)	Date specified	be a date on or after the date of filing.	of filing. If a date is specific
Effective Date (O This limited liability Optional) Purpose	ptional)	Date specified	be a date on or after the date of filing.	of filing. If a date is specific
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Effective Date (O This limited liability Optional) Purpose	ptional)	Date specified	be a date on or after the date of filing.	of filing. If a date is specific
Effective Date (O This limited liability Optional) Purpose Optional)	ptional) (mm/d1/yyyy) y company shall exist for	Date specified the date must	be a date on or after the date of filing.	
Effective Date (O This limited liability Optional) Purpose Optional)	ptional) (mm/d±/yyyy) y company shall exist for	Date specified the date must	be a date on or after the date of filling. (Period of existence)	
Effective Date (O This limited liability Optional) Purpose Optional)	ptional) (mm/d±/yyyy) y company shall exist for	Date specified the date must	be a date on or after the date of filling. (Period of existence)	
Effective Date (O This limited liability Optional) Purpose Optional) The address to which this limited liability	ptional) (mm/d±/yyyy) y company shall exist for	Date specified the date must	be a date on or after the date of filling. (Period of existence)	
Effective Date (O This limited liability Optional) Purpose Optional) The address to which this limited liability	ptional) (mm/d±/yyyy) y company shall exist for	Date specified the date must	be a date on or after the date of filling. (Period of existence)	
Effective Date (O This limited liability Optional) Purpose Optional)	ptional) (mm/d3/yyyy) y company shall exist for price interested persons may lity company is	Date specified the date must	be a date on or after the date of filling. (Period of existence)	
Effective Date (O This limited liability Optional) Purpose Optional) The address to which this limited liability	ptional) (mm/d3/yyyy) y company shall exist for price interested persons may lity company is	Date specified the date must	be a date on or after the date of filling. (Period of existence)	t and any bylaws
Effective Date (O This limited liability Optional) Purpose Optional) The address to while this limited liability	y company shall exist for sich interested persons may lity company is	Date specified the date must	be a date on or after the date of filling. (Period of existence) copies of any operating agreement	t and any bylaws
Effective Date (O This limited liability Optional) Purpose Optional) The address to while this limited liability	y company shall exist for sich interested persons may lity company is	Date specified the date must	be a date on or after the date of filling. (Period of existence) copies of any operating agreement	t and any bylaws

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Complete the information in	this section if box (1) is	checked Cont.			
	ORIGINAL	APPOINTMENT OF	AGENT		
The undersigned authorize	d member, manager or r	epresentative of			
Randall's Audio Video and Visual, LLC					
	··	limited liability company)			
		pon whom any process, noti ny may be served. The nam			
	Randall Hulsmeyer				
	(Name of Agent)				
	430 West Alkaline Spring	gs Road			
	(Street)		Addresses are NOT ac	ceptable.	
	Vandalia		Ohio	45377	
	(City)		(State)	(Zip Code)	
		and the second			
Must be authenticated by a authorized representative	n (*	Authorized Representative Authorized Representative		Date	
	ACCEPT	TANCE OF APPOINTM	ENT		
The undersigned, named he	The undersigned, named herein as the statutory agent for				
Randall's Audio Video and Visual, LLC					
(name of limited liability company)					
nereby acknowledges and accepts the appointment of agent for said limited liability Company.					
	.ST.:	(Agent's signature)			

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

	(Minne)		
	(Name)		
	(Streat)	NOTE: P.O. Box Addresses are NOT a	cceptable.
	(City,	(State)	(Zip Code)
e name un	der which the foreign limited liability compa	any desires to transact business in Ohio is	· · · · · · · · · · · · · · · · · · ·
e limited lia	ability company hereby appoints the followir by served in the state of Ohio. The name	ng as its agent upon whom process agains	t the limited liability
ne limited lia	ability company hereby appoints the followin	ng as its agent upon whom process agains	it the limited liability
ne limited lia	ability company hereby appoints the following the served in the state of Ohio. The name	ng as its agent upon whom process agains	
ne limited lia	ability company hereby appoints the following be served in the state of Ohio. The name	ng as its agent upon whom process agains and complete address of the agent is	

4

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

Authorized Representative	87-07 Date
Randall H	ulsmeyer
(Print Name)	
Authorized Representative	Date
(Print Name)	