

1.) CORPORATION NAME: <b>BLEVCO ARI, INC.</b>	DUE DATE: <b>7/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NEIL I. TITLE          1840 WILSON BOULEVARD, SUITE 205          ARLINGTON, VA</b>	SCC ID NO: <b>04497681</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11900 LIVINGSTON ROAD  
STE #109

CITY/ST/ZIP: MANASSAS, VA 20109

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES ROBERT BLEVINS JR TITLE: PRESIDENT ADDRESS: 11900 LIVINGSTON ROAD SUITE 109 CITY/ST/ZIP/CO: MANASSAS, VA 20109		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA VIOLET BLEVINS TITLE: VICE PRESIDENT ADDRESS: 6750 CLIFTON ROAD CITY/ST/ZIP/CO: CLIFTON, VA 20124		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHARLES ROBERT BLEVINS JR	CHARLES ROBERT BLEVINS JR, PRESIDENT	6/2/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.