

1.) CORPORATION NAME: MM Three AAA, Inc.	DUE DATE: 8/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SAYED ALY 5736 SEMINARY RD APT 5 FALLS CHURCH, VA	SCC ID NO: 05632880				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5736 SEMINARY ROAD
#5

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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: SAYED ALY		
TITLE: DIRECTOR		
ADDRESS: 5736 SEMINARY ROAD #5		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RAHMA ABDO		
TITLE: OFFICER		
ADDRESS: 5736 SEMINARY ROAD #5		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041		

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/ SAYED ALY	SAYED ALY, DIRECTOR	8/25/2015
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.