

1.) CORPORATION NAME: The Cutting Edge Lawn Care and Landscape, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DENISE L MORGAN 1501 TRAYLOR LN LYNCHBURG, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2015 SCC ID NO: 05727805 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>COMA</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	2,000
CLASS	AUTHORIZED				
COMA	2,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1501 TRAYLOR LANE CITY/ST/ZIP: LYNCHBURG, VA 24502

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.

NAME: JAYE M MORGAN TITLE: PRESIDENT ADDRESS: 1501 TRAYLOR LANE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

NAME: DENISE L MORGAN TITLE: S/T ADDRESS: 1501 TRAYLOR LANE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

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/ DENISE L MORGAN	DENISE L MORGAN, S/T	1/13/2015
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.