

1.) CORPORATION NAME: Bonnie Kline, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KARL V ALBERT 7506 DIPLOMAT DR STE 201 MANASSAS, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 10/31/2015 SCC ID NO: 05846910 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>300</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	300
CLASS	AUTHORIZED				
COMMON	300				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9808 TIBRON CT. CITY/ST/ZIP: POTOMAC, MD 20854	
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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.
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NAME: BONNIE KLINE TITLE: PRESIDENT ADDRESS: 9808 TIBRON CT CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KARL ALBERT TITLE: DIRECTOR ADDRESS: 7506 DIPLOMAT DR #201 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/		10/29/2015
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.