

1.) CORPORATION NAME: <b>Michelle Benson Insurance Agency Inc.</b>	DUE DATE: <b>5/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LAWRENCIA MICHELLE BENSON 1245 CEDAR RD STE J CHESAPEAKE, VA</b>	SCC ID NO: <b>07647670</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESAPEAKE CITY</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: 1245 Cedar Rd Ste J

CITY/ST/ZIP: Chesapeake , VA 23322

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: LAWRENCIA MICHELLE BENSON TITLE: DIRECTOR ADDRESS: 1267 CORKWOOD CIR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: Lawrencia Michelle Benson TITLE: PRESIDENT ADDRESS: 1245 Cedar Rd Ste J CITY/ST/ZIP/CO: Chesapeake , VA 23322	<input checked="" type="checkbox"/> OFFICER <input 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/ LAWRENCIA MICHELLE BENSON	LAWRENCIA MICHELLE BENSON, DIRECTOR	6/25/2014
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.