

1.) CORPORATION NAME: <b>Bloom Where You're Planted, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BRIAN KEITH GLASPER          509 CHAUTAUQUA AVENUE          PORTSMOUTH, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PORTSMOUTH CITY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/30/2015</b> SCC ID NO: <b>07825748</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				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1600 PORTSMOUTH BOULEVARD  CITY/ST/ZIP: PORTSMOUTH, VA 23704
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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.

NAME: BRIAN KEITH GLASPER TITLE: DIRECTOR ADDRESS: 509 CHAUTAUQUA AVENUE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE BURKS GLASPER TITLE: DIRECTOR ADDRESS: 509 CHAUTAUQUA AVENUE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN KEITH GLASPER TITLE: DIRECTOR ADDRESS: 509 CHAUTAUQUA AVENUE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707	<input 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/ BRIAN KEITH GLASPER	BRIAN KEITH GLASPER,	1/28/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.