

1.) CORPORATION NAME: HM Fund II Corporation, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KATJA A HILL LECLAIR RYAN 919 EAST MAIN STREET, TWENTY FOURTH FLOOR RICHMON, VA	DUE DATE: 1/31/2016 SCC ID NO: 07871890 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4901 DICKENS ROAD # 119 CITY/ST/ZIP: RICHMOND, VA 23230
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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 CHASE TITLE: DIRECTOR ADDRESS: 4901 DICKENS RD STE 119 CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: PINSON NEAL TITLE: DIRECTOR ADDRESS: 4901 DICKENS RD STE 119 CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JUDY OLIVE TITLE: DIRECTOR ADDRESS: 4901 DICKENS RD STE 119 CITY/ST/ZIP/CO: RICHMOND, VA 23230	<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/ JUDY OLIVE	JUDY OLIVE, DIRECTOR	3/8/2016
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.