



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

June 30, 2015

1507030403

DONNY WOO  
3 POINTE DR #203  
BREA, CA 92618

RECEIPT

RE: COMBINED BENEFITS INC.

ID: F182243 - 8

DCN: 15-06-29-0095

Dear Customer:

This receipt acknowledges payment of \$10.00 to cover the fee for filing with this office an application for a certificate of withdrawal on behalf of the above-referenced corporation to withdraw its certificate of authority to transact business in Virginia.

The certificate of withdrawal was issued with an effective date of June 30, 2015. A copy of the certificate is enclosed.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck  
Clerk of the Commission

DTWRCPT  
CIS0363

1507030403

ENTITY NAME: Combined Benefits Inc.

Name availability done in:

Initials: \_\_\_\_\_ Conflict with ID #: \_\_\_\_\_

eFile: \_\_\_\_\_

ENTITY ID #: F182243 8

CIS: \_\_\_\_\_

DCN #: 150629 0095by

OBB 6-30

#120

CHARTER EXAMINER WORKSHEET

CHARTER / ENTRANCE FEE \_\_\_\_\_

JURISDICTION: \_\_\_\_\_

FILING FEE \_\_\_\_\_

SPECIAL EFFECTIVE DATE / TIME  
6-30-15

EXPEDITE FEE(S) \_\_\_\_\_

TOTAL FEES 10

INDUSTRY CODE: \_\_\_\_\_

AMENDMENT OR OTHER INFORMATION:

SEND COPY TO: \_\_\_\_\_

(CA - Withdrawal)

Meek  
7/2/15

2015 JUN 29 PM 4:02  
SIC-1  
SIC-2  
SIC-3

COPYWORK REQUESTED:

CORRESPONDENT:

AMOUNT AVAILABLE FOR COPYWORK:

MAIL \_\_\_\_\_  
CALL \_\_\_\_\_  
FAX \_\_\_\_\_  
FED EX \_\_\_\_\_

1507039403

CIS0368

CIS

06/30/15

1 74 CISM0180

CORPORATE DATA INQUIRY

17:02:08

CORP ID: F182243 - 8 STATUS: 01 FEE DELINQUENT STATUS DATE: 05/01/15  
CORP NAME: COMBINED BENEFITS INC.

DATE OF CERTIFICATE: 04/21/2010 PERIOD OF DURATION: INDUSTRY CODE: 00  
STATE OF INCORPORATION: CA CALIFORNIA STOCK INDICATOR: S STOCK  
MERGER IND: CONVERSION/DOMESTICATION IND:  
GOOD STANDING IND: N NO A-REPORT MONITOR INDICATOR:  
CHARTER FEE: 50.00 MON NO: MON STATUS: MONITOR DTE:  
R/A NAME: NATIONAL REGISTERED AGENTS INC

STREET: 4701 COX ROAD, SUITE 285 AR RTN MAIL:

CITY: GLEN ALLEN STATE : VA ZIP: 23060-0000

R/A STATUS: 5 B.E. AUTH IN VI EFF. DATE: 10/04/13 LOC.: 143  
ACCEPTED AR#: 214 53 0764 DATE: 06/16/14 HENRICO COUNTY  
CURRENT AR#: 214 53 0764 DATE: 06/16/14 STATUS: A ASSESSMENT INDICATOR: 0

YEAR	FEES	PENALTY	INTEREST	TAXES	BALANCE	TOTAL SHARES
15	100.00	10.00			110.00	1,000

COMMAND: .....

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06,016B

1507030403

CIS0368

CIS

06/30/15

1 74 CISM0250

MICROFILM INQUIRY

17:02:11

CORP ID: F182243 - 8 CORP STATUS: 01 FEE DELINQ

CORP NAME: COMBINED BENEFITS INC. \_\_\_\_\_

COURT LOCALITY: 143 HENRICO COUNTY

TOTAL CHARTER FEES: 50.00

MICROFILM NO	DOCUMENT TYPE	DATE	CHARTER FEE	PAGES
13 10 21 0013	RAC > REGISTERED AGE	10/04/13		897
12 03 55 0616	RAC > REGISTERED AGE	03/26/12		2
10 10 21 0119	RAC > REGISTERED AGE	12/30/10		268
10 04 21 0128	RAC > REGISTERED AGE	06/03/10		259
10 04 10 0015	NEWC > NEW CHARTER	04/21/10	50.00	6

COMMAND: .....

4AÛ

06,014B

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

AT RICHMOND, JUNE 30, 2015

The State Corporation Commission has found the application for a certificate of withdrawal submitted on behalf of


COMBINED BENEFITS INC.

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF WITHDRAWAL

be issued and admitted to record with the application in the Office of the Clerk of the Commission, effective June 30, 2015.

STATE CORPORATION COMMISSION

By 

Mark C. Christie  
Commissioner



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

SCC767/929  
(07/12)

APPLICATION FOR A CERTIFICATE OF WITHDRAWAL  
OF A FOREIGN CORPORATION AUTHORIZED TO TRANSACT BUSINESS IN VIRGINIA

1507030403

The undersigned, on behalf of the foreign corporation set forth below, pursuant to § 13.1-767 or § 13.1-929 of the Code of Virginia, hereby makes this application for a certificate of withdrawal and states as follows:

- The name of the corporation is  
Combined Benefits Inc
- The name of the state or country under whose law the corporation is or was incorporated is  
California
- The corporation certifies that [mark appropriate box]:
  - It is in existence and has not been merged into or consolidated with another entity, or converted into another type of entity; or
  - It has been merged into or consolidated with another entity, or converted into another type of entity, and the application is signed on behalf of the corporation by the surviving or resulting entity.
- The corporation revokes the authority of its registered agent to accept service on its behalf and appoints the Clerk of the Commission as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Virginia.
- The mailing address to which the Commission may mail a copy of any process served on the Clerk of the Commission as agent for the corporation is  
#203, 3 Pointe Dr. Brea, CA, 92618
- The corporation is not transacting business in Virginia, surrenders its authority to transact business in Virginia, and commits to notify the Clerk of the Commission in the future of any change in its mailing address.
- The corporation certifies that [mark appropriate box]:
  - It has filed returns and has paid all state taxes to the time of this application; or  
(APPROPRIATE FOR STOCK AND NONSTOCK CORPORATIONS)
  - It is not required to file any return or pay any state taxes.  
(APPROPRIATE ONLY FOR NONSTOCK CORPORATIONS)

Signed on behalf of the corporation by:

[Signature]  
(signature)

CEO / Chairman  
(title)

Donny Woo  
(printed name)

5/27/2015  
(date)

F 182243-8  
(corporation's SCC ID No.)

(telephone number (optional))

**IMPORTANT: See Instructions for execution requirements.**

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information on the [Clerk's Office Home Page](#).

SEE INSTRUCTIONS ON THE REVERSE

Provide a name and mailing address to which correspondence regarding the filing of this document is to be sent. (If left blank, it will be sent to the address on a cover letter, if any, or the address set forth in paragraph 5, above.)

\_\_\_\_\_ (name)

\_\_\_\_\_ (mailing address)