

ASSUMED NAME CERTIFICATE

VIRGINIA CODE § 59.1-69

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business in the City of Virginia Beach, Virginia, under an assumed or fictitious name.

1. The ASSUMED OR FICTITIOUS NAME of such business:

NAME: _____

ADDRESS: _____

2. The above business is owned by the following entity type: SOLE PROPRIETORSHIP, Must complete A below.

PARTNERSHIP, Must complete B below. CORPORATION or LIMITED LIABILITY COMPANY, Must complete C below.

A. NAME OF OWNER: _____

RESIDENCE ADDRESS: _____

B. NAME OF PARTNERSHIP: _____

OFFICE ADDRESS: _____

(1) Is this a general partnership? NO YES. If YES, a Statement of Partners on the reverse side is completed.

(2) Is this a domestic limited partnership? NO YES. If YES, such domestic limited partnership shall file a certified copy of this certification with the State Corporation Commission. § 59.1-70.

(3) Is this a foreign limited partnership? NO YES. If YES, the date of the certificate of registration to transact business in this Commonwealth issued to the State Corporation Commission: _____ and such foreign limited partnership shall file a certified copy of this certificate with the State Corporation Commission. § 59.1-70

C. NAME OF CORPORATION or LIMITED LIABILITY COMPANY: _____

OFFICE ADDRESS: _____

(1) Such corporation or limited liability company shall file a certified copy of this certificate with the State Corporation Commission. §59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? NO YES. If YES, the date of the certificate to transact business in this Commonwealth issued to it by the State Corporation Commission: _____

I certify that the foregoing is true to the best of my knowledge and belief.

A. SOLE PROPRIETORSHIP. _____
Name of Owner Signature of Owner

B. PARTNERSHIP OWNED. _____
Name of General Partner Signature of General Partner

C. CORPORATION OWNED. _____
Name of President Signature of President

D. LIMITED LIABILITY COMPANY. _____
Name of Member/Manager Signature of Member/Manager

Virginia Beach, Virginia

Acknowledged, subscribed and sworn to before me on _____

My Commission expires: _____

Notary Public

Deputy Clerk

