

## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

August 27, 2012

RONALD A MARTIN 8122 MECHANICSVILLE PIKE MECHANICSVILLE, VA 23111

## RECEIPT

RE: P. C. REPAIR SERVICES OF VIRGINIA, LLC

- ID: S247344 7
- DCN: 12-08-27-1003

Dear Customer:

This is your receipt for \$30.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

VIRGINIA DATA SERVICES (HENRICO CO) VA DATA SERVICES (HENRICO CO) BACKUPSOEASY (HENRICO CO)

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck Clerk of the Commission

LLFNACPT CISLFD

P.O. Box 1197, Richmond, VA 23218-1197 Tyler Building, First Floor, 1300 East Main Street, Richmond, VA 23219-3630 Clerk's Office (804) 371-9733 or (866) 722-2551 (toll-free in Virginia) www.scc.virginia.gov/clk Telecommunications Device for the Deaf-TDD/Voice: (804) 371-9206

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## **CERTIFICATE OF ASSUMED OR FICTITIOUS NAME**

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [x] County of HENRICO

1.		SSUMED OR FICTITI E: <b>BACKUPSOEASY</b>	UMED OR FICTITIOUS NAME AND ADDRESS of business: BACKUPSOEASY 3846 MOUNTAIN ROAD, GLEN ALLEN, VA			
2.	The at [	OVE business is owned SOLE PROPRIETC IMITED LIABILITY ( NAME OF OWNER: RESIDENCE ADDRE POST OFFICE ADDRE NAME OF PARTNER OFFICE ADDRESS: POST OFFICE ADDR	by the following entity type PRSHIP (Complete A below) [ COMPANY [ ] CORPORA 	] PARTNERSHIP (Complete B below) TION (Complete C below).	  	
		Partners on page Two (2) Is this a domestic certificate must be file (3) Is this a foreign certificate of registratic Corporation Commission	of Two. c limited partnership? [ ] NO d with the State Corporation Comr limited partnership? [ ] NO [ on to transact business in the Comr ion	] YES. If YES, indicate the date of the monwealth of Virginia issued by the State		
	C.	NAME OF [ ] CO P. C. REPAIR SERV	ORPORATION [X] LIMITED LIA TICES OF VIRGINIA, LLC 846 MOUNTAIN ROAD, GLEN			
	(1) (2)	Corporation Commiss	ion. § 59.1-70.	rtified copy of this certificate with the State		
	(2)	indicate the date of the		n to transact business in the Commonwealth of		
I ce	rtify tha	at the foregoing is true a	and correct to the best of my knowl		ŝ	
А.	Sole	Proprietorship			-	
B.	Partn	ership	NAME OF OWNER		-	
C.	Corp	oration	NAME OF GENERAL PARTNER NAME OF PRESIDENT	SIGNATURE OF GENERAL PARTNER	•	
D.	Limi	ted Liability Company	RICHARD K. HENSHAW NAME OF MEMBER/MANAGER			
		Commonwealth of Virg vledged, subscribed and		y of HENRICO day of AUGUST , 2012		
			W, MEMBER/MANAGER			
ľ	My com	mission expires	······ <u>'</u>	[X ] CLERK/DEPUTY CLERK [ ] NOTARY PUBLIC	_	
		OFFICE Clerks' Office of the C	OUNTY OF HENRICO	Circuit Court on AUGUST 21, 2012		
YV	ONNE	G SMITH	, Clerk by	un Bortunght Deputy Clerk	k	
FOR		117 (MASTER, PAGE ONE (		0		
		15UIT CO				



A COPY TESTE: YVONNE G. SMITH, CLERK Patazo J. Corone DEPUTY CLERK

12-46197

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## **CERTIFICATE OF ASSUMED OR FICTITIOUS NAME**

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [x] County of HENRICO

con			e in the [ ] City [ x ] County of HENRICO
1.	The ASSUMED OR FICTITI NAME:VA DATA SERVIC 23060	ES	S of business: 3846 MOUNTAIN ROAD, GLEN ALLEN, VA
2.	The above business is owned [ ] SOLE PROPRIETO [X] LIMITED LIABILITY A. NAME OF OWNER: RESIDENCE ADDRI POST OFFICE ADDRI B. NAME OF PARTNER OFFICE ADDRESS: POST OFFICE ADDR	by the following entity type DRSHIP (Complete A below) COMPANY [ ] CORP ESS: R	] PARTNERSHIP (Complete B below)         ORATION (Complete C below).
	<ul> <li>(2) Is this a domestic certificate must be file</li> <li>(3) Is this a foreign certificate of registratic Corporation Commiss</li> </ul>	c limited partnership? [ ] d with the State Corporation limited partnership? [ ] on to transact business in the ion	NO [ ] YES. If YES, a certified copy of this Commission. § 59.1-70. NO [ ] YES. If YES, indicate the date of the Commonwealth of Virginia issued by the State d with the State Corporation Commission §59.1=70.
	C. NAME OF [ ] C P. C. REPAIR SERV	ORPORATION [X] LIMITE /ICES OF VIRGINIA, LLC /846 MOUNTAIN ROAD, G	a certified copy of this certificate with the State
	<ol> <li>A corporation or limit Corporation Commiss</li> <li>Is this a foreign corpo- indicate the date of the</li> </ol>	ed liability company must file ion. § 59.1-70. ration or a foreign limited liab	ility company? [X] NO [ ] YES. If YES, ration to transact business in the Commonwealth of n:
I ce	rtify that the foregoing is true		
А. В.	Sole Proprietorship	NAME OF OWNER	SIGNATURE OF OWNER
ь. С.	Partnership Corporation	NAME OF GENERAL PARTNER	SIGNATURE OF GENERAL PARTNER
U.	•	NAME OF PRESIDENT	SKIPATURE OF PRESIDENT
D.	Limited Liability Company	RICHARD K. HENSHAW NAME OF MEMBER/MANAGER	SIGNATURE OF MEMBER/MANAGER
1	By RICHARD K. HENSHA	sworn to before me this 21ST	Patrice & Ceran
			[X ] CLERK/DEPUTY CLERK [ ] NOTARY PUBLIC
File	ERK'S OFFICE ad in the Clerks' Office of the C ONNE G SMITH		
	M CC-1417 (MASTER, PAGE ONE CODE § 59.1-69	OF TWO) REVISED 5/05	U
, , , , , , , , , , , , , , , , , , ,	HENRICO COUNTY VIRGINIA	A COPY TESTE: YVONNE G. SMITH Fate:0 J. ( DEPUTY CLERK	L CLERK

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CE	RTI	FICATE OF ASSU	MED OR FICTITIOUS N	120827 Ame	1003
This	is to	certify that the below na	med person, partnership, limited l	liability company, or corporation	intends to
			on assumed or fictitious name in OUS NAME AND ADDRESS of	the [ ] City [ x ] County of HEN	RICO
				3846 MOUNTAIN ROA	D, GLEN
	ALL	EN, VA 23060	••••••••••••••••••••••••		
	The : ſ		by the following entity type RSHIP (Complete A below)	] PARTNERSHIP (Complete	B below)
			COMPANY [ ] CORPORA		<i>D</i> colo <i>wy</i>
	<b>A</b> .	NAME OF OWNER:			
		RESIDENCE ADDRE POST OFFICE ADDR			
	B.	NAME OF PARTNEI	RSHIP:		
		OFFICE ADDRESS: POST OFFICE ADDR			
				YES. If YES, complete the Sta	tement of
		Partners on page Two			- d
			d with the State Corporation Con	D[] YES. If YES, a certification of the second seco	ed copy of this
		(3) Is this a foreign	limited partnership? [ ] NO	[ ] YES. If YES, indicate the	
		certificate of registrati Corporation Commiss		nmonwealth of Virginia issued by	
				ith the State Corporation Commis	• - •
	C.		ORPORATION [X] LIMITED LI		
				N ALLEN, VA 23060	
		POST OFFICE ADD	ESS:		
	(1)			ertified copy of this certificate wi	th the State
	(2)	Corporation Commiss		y company? [X] NO [ ] YES	If YES,
	(-)	indicate the date of the	e certificate of authority/registration	on to transact business in the Con	monwealth of
		Virginia issued by the	State Corporation Commission:		
	.:e. 1	hat the forecasing is true.	ACKNOWLEDGM		
cer	tiry t	nat the foregoing is true a	and correct to the best of my know	viedge and belief.	
A.	Sol	e Proprietorship	NAME OF OWNER	SIGNATURE OF O	WNER
В.	Par	tnership	NAME OF GENERAL PARTNER	SIGNATURE OF GENERA	I PARTNER
C.	Co	poration			
D.	ĭ in	aited Lighility Company	NAME OF PRESIDENT RICHARD K. HENSHAW	SKNATURE OF PRE	SIDENT
0.	Lu	med Liability Company	NAME OF MEMBER/MANAGER	SIGNATURE OF MEMBE	ER/MANAGER
ç	State	/Commonwealth of Virg	zinia Cour	ity of HENRICO	
				day of AUGUST	, 20 <b>12</b>
B		CHARD K HENSHA	W, MEMBER/MANAGER		
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Ν	íy co	mmission expires		IX 1 CLERK/DEPUTY CLERK [ ] NO	
				[X] CLERNBEPOTT CLERK []NO	TART PUBLIC
CLE	RK	'S OFFICE			
Fileo	i in t	he Clerks' Office of the C	COUNTY OF HENRICO	Circuit Court on AUGUS	Т 21, 2012
YVC	) NN	E G SMITH	, Clerk by	bur Borturikt	_ Deputy Clerk
				J	
		1417 (MASTER, PAGE ONE § 59.1-69	OF TWO) REVISED 5/05		
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	A	A SUL SOO			
		MENRICO &		•	
		OUNTY See	A COPY TESTE:		
		VIRGINIA	YVONNE G. SMITH, ( Fatric.o & Cen		
	`		DEPUTY CLERK	<u> </u>	
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