



1208080626

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

August 27, 2012

1208080626

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

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. The ASSUMED OR FICTITIOUS NAME AND ADDRESS of business: NAME:BACKUPSOEASY 3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060
2. The above business is owned by the following entity type [] SOLE PROPRIETORSHIP [] PARTNERSHIP [X] LIMITED LIABILITY COMPANY [] CORPORATION
A. NAME OF OWNER: RESIDENCE ADDRESS: POST OFFICE ADDRESS:
B. NAME OF PARTNERSHIP: OFFICE ADDRESS: POST OFFICE ADDRESS:
(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on page Two of Two.
(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70.
(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission
A certified copy of this certificate must be filed with the State Corporation Commission §59.1-70.
C. NAME OF [] CORPORATION [X] LIMITED LIABILITY COMPANY: P. C. REPAIR SERVICES OF VIRGINIA, LLC
OFFICE ADDRESS:3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060
POST OFFICE ADDRESS:
(1) A corporation or limited liability company must 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? [X] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

2012 AUG 21 11:12
CLERK'S OFFICE

ACKNOWLEDGMENT

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

- A. Sole Proprietorship NAME OF OWNER SIGNATURE OF OWNER
B. Partnership NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER
C. Corporation NAME OF PRESIDENT SIGNATURE OF PRESIDENT
D. Limited Liability Company RICHARD K. HENSHAW NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

State/Commonwealth of Virginia County of HENRICO
Acknowledged, subscribed and sworn to before me this 21ST day of AUGUST, 2012

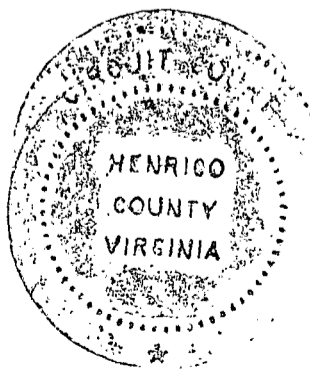
By RICHARD K. HENSHAW, MEMBER/MANAGER

My commission expires Potazio J. Cerone
[X] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the COUNTY OF HENRICO Circuit Court on AUGUST 21, 2012

YVONNE G SMITH, Clerk by Barbara Bortwright Deputy Clerk



A COPY TESTE:
YVONNE G. SMITH, CLERK
Potazio J. Cerone
DEPUTY CLERK

12-46197

1208080626

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. The ASSUMED OR FICTITIOUS NAME AND ADDRESS of business: NAME:VA DATA SERVICES 3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060

2. The above business is owned by the following entity type [] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below) [X] LIMITED LIABILITY COMPANY [] CORPORATION (Complete C below).

A. NAME OF OWNER: RESIDENCE ADDRESS: POST OFFICE ADDRESS:

B. NAME OF PARTNERSHIP: OFFICE ADDRESS: POST OFFICE ADDRESS:

(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on page Two of Two. (2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70. (3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission

A certified copy of this certificate must be filed with the State Corporation Commission §59.1-70.

C. NAME OF [] CORPORATION [X] LIMITED LIABILITY COMPANY: P. C. REPAIR SERVICES OF VIRGINIA, LLC OFFICE ADDRESS:3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060 POST OFFICE ADDRESS:

(1) A corporation or limited liability company must 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? [X] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

ACKNOWLEDGMENT

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

A. Sole Proprietorship NAME OF OWNER SIGNATURE OF OWNER B. Partnership NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER C. Corporation NAME OF PRESIDENT SIGNATURE OF PRESIDENT D. Limited Liability Company RICHARD K. HENSHAW NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

State/Commonwealth of Virginia County of HENRICO Acknowledged, subscribed and sworn to before me this 21ST day of AUGUST, 2012

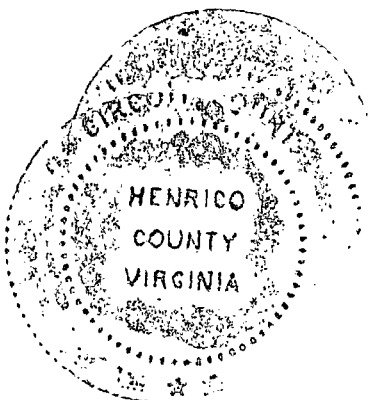
By RICHARD K. HENSHAW, MEMBER/MANAGER

My commission expires Patricia J. Cerone [X] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

CLERK'S OFFICE

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YVONNE G SMITH, Clerk by Barbara Bortright Deputy Clerk



A COPY TESTE: YVONNE G. SMITH, CLERK Patricia J. Cerone DEPUTY CLERK

12-46194

120827 1003

1208080626

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

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- 1. The ASSUMED OR FICTITIOUS NAME AND ADDRESS of business: NAME: VIRGINIA DATA SERVICES 3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060
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OFFICE ADDRESS: 3846 MOUNTAIN ROAD, GLEN ALLEN, VA 23060
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B. Partnership NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER
C. Corporation NAME OF PRESIDENT SIGNATURE OF PRESIDENT
D. Limited Liability Company RICHARD K. HENSHAW NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

State/Commonwealth of Virginia County of HENRICO
Acknowledged, subscribed and sworn to before me this 21ST day of AUGUST, 2012

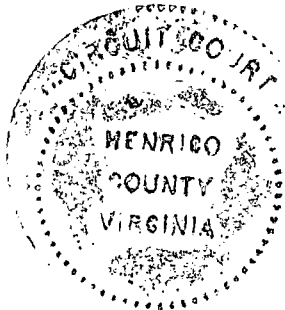
By RICHARD K. HENSHAW, MEMBER/MANAGER

My commission expires Patricia J. Carve [X] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

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YVONNE G SMITH, Clerk by Baber Botwright Deputy Clerk



A COPY TESTE: YVONNE G. SMITH, CLERK Patricia J. Carve DEPUTY CLERK