



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

December 2, 2015

REBECCA GRAYBEAL
9553 BATTERY HEIGHTS BLVD APT 403
MANASSAS, VA 20110

RECEIPT

RE: Backwoodz Barrelz

ID: J004834 - 9

DCN: 15-11-13-0502

Dear Customer:

This is your receipt for \$25.00 to cover the fees for filing a statement of partnership authority with this office.

The effective date of the statement is December 2, 2015.

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

GPACCEPT
CISLFD

1512030006

1512010006

ENTITY NAME: Backwoodz Barrelz

Name availability done in:

Initials: _____ Conflict with ID #: _____

eFile: _____

CIS: _____

ENTITY ID #: 025

1125 ALX 151113 0502 66
DCN #: _____

CHARTER EXAMINER WORKSHEET

CHARTER / ENTRANCE FEE _____

JURISDICTION: _____

FILING FEE 25

SPECIAL EFFECTIVE DATE / TIME

EXPEDITE FEE(S) _____

TOTAL FEES 25

INDUSTRY CODE: _____

AMENDMENT OR OTHER INFORMATION:

SEND COPY TO: _____

Part. Auth.

SCC-CLERK'S OFFICE
OPERATING
2015 NOV 13 AM 11:43

COPYWORK REQUESTED:

TRWB

CORRESPONDENT:

11/25/2015

AMOUNT AVAILABLE FOR COPYWORK:

MAIL _____
CALL _____
FAX _____
FED EX _____

5004834-9



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

UPA-93
(04/15)

STATEMENT OF PARTNERSHIP AUTHORITY

1512030005

The undersigned, on behalf of the partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 3 of the Code of Virginia, state as follows:

- The name of the partnership is Backwoodz Barrelz
- The partnership's SCC ID number (if one has been issued) is _____
- The partnership is formed under the laws of VIRGINIA
(state or other jurisdiction)
- (Mark if applicable:) The partnership was previously authorized or registered with the Commission to transact business in Virginia as another type of foreign business entity. (See Instructions.)
- The address, including the street and number, if any, of the partnership's principal office is
15115 Kamputa Dr Centreville VA 20120
(number/street) (city or town) (state) (zip)
- The address, including the street and number, if any, of one office of the partnership in Virginia (if any) is
15115 Kamputa Dr Centreville VA 20120
(number/street) (city or town) (zip)

- (Mark applicable box:) The names and mailing addresses of all of the partners are:

Name	Address
_____	_____
_____	_____
_____	_____

- OR The name and mailing address of an agent, who was appointed by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners, are:
- | Name | Address |
|-------------------------|--|
| <u>Rebecca Graybeal</u> | <u>9553 Battery Heights Blvd. APT 403</u>
<u>Manassas, VA 20110</u> |

- (Required:) An instrument transferring real property held in the name of the partnership is authorized to be executed by the following partner(s): (The name of at least one partner is required.)
Rebecca Graybeal
(name) (name)

- (Optional - Mark if applicable:) The authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership, or other matters, are set forth in an attachment.

Signatures of partners (must be executed by at least two):

<u>[Signature]</u> (signature)	<u>Rebecca Graybeal</u> (printed name)	<u>10/18/15</u> (date)
<u>[Signature]</u> (signature)	<u>George Murdock</u> (printed name)	<u>10/19/15</u> (date)

Telephone number (optional): _____

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 at www.scc.virginia.gov/clk.

REVIEW THE INSTRUCTIONS THAT FOLLOW BEFORE SUBMITTING THIS FORM.