



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

July 17, 2019

1907070170

RONALD A MARTIN
8122 MECHANICSVILLE PIKE
MECHANICSVILLE, VA 23111

RECEIPT

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

ID: S247344 - 7

DCN: 19-07-17-1021

Dear Customer:

This is your receipt for \$10.00 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):

BUSTED KNUCKLES SERVICE
(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
CISBJB1

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

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 [*] County of Henrico

1. The ASSUMED OR FICTITIOUS NAME of business

Busted Knuckles Service 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)
- [*] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).

A. NAME OF OWNER

RESIDENCE ADDRESS

POST OFFICE ADDRESS

190717 1021

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. Va. Code § 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. Va. Code § 59.1-70.

C. NAME OF [] CORPORATION [*] LIMITED LIABILITY COMPANY

P. C. Repair Services of Virginia, LLC

OFFICE ADDRESS

3846 Mountain Road, Glen Allen, Va 23060

POST OFFICE ADDRESS

Same

- (1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.
- (2) Is this a foreign corporation or a foreign limited liability company? [*] 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.

Sole Proprietorship

NAME OF OWNER

SIGNATURE OF OWNER

Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

Limited Liability Company

Richard K Henshaw

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

[] City [*] County of Henrico

State/Commonwealth of Virginia

Subscribed and acknowledged before me, this 10th day of July, 2019

by Richard K Henshaw

Member/Manager

NAME

TITLE

[X] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

My commission expires

Registration No.

CLERK'S OFFICE

Filed in the Clerks' Office of the

RECORDED IN COUNTY OF HENRICO, VA
HEIDI S. BARSHINGER, CLERK OF CIRCUIT COURT

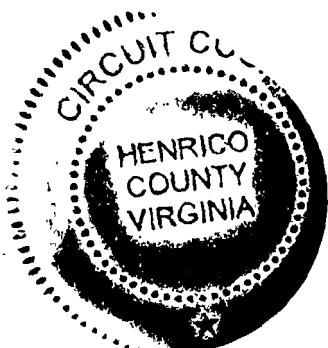
FILED Jul 10, 2019 02:13 pm, Deputy Clerk

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PAGE 0977 TO 0977

INSTRUMENT # 201900000950

ICJ



ACCEPTEE
HEIDI S. BARSHINGER, CLERK
HENRICO CIRCUIT COURT

[Signature]
DEPUTY CLERK

2019 JUL 16 AM 10:06
GCC-CLERK'S OFFICE
OPERATIONS