



1012030373

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

December 6, 2010

JONATHAN CHEVALLEY
12033 ELLIOTS OAK PL
BRISTOW, VA 20136

RECEIPT

RE: DC Music Fest

ID: J003993 - 4

DCN: 10-12-03-1227

Dear Customer:

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

This is also your receipt for \$100.00 to cover the fee(s) for expedited service(s).

The effective date of the statement is December 6, 2010.

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
CIS0354

1012030373

ENTITY NAME: DC Music Fest

ENTITY ID #: no listing

NAME CONFLICT WITH ID#: _____

DCN #: 101203 1225

NAME RESERVATION #: _____

101203 1225 *CH*

CHARTER EXAMINER WORKSHEET

CHARTER / ENTRANCE FEE _____

JURISDICTION: _____

FILING FEE 25

SPECIAL EFFECTIVE DATE / TIME

EXPEDITE FEE(S) 100

TOTAL FEES 125

INDUSTRY CODE: _____

AMENDMENT OR OTHER INFORMATION:

SEND COPY TO: _____

GP- 12/3/2010
PartAula *JJ*

COPYWORK REQUESTED:

CORRESPONDENT:

AMOUNT AVAILABLE
FOR COPYWORK:

____ MAIL
____ CALL
____ FAX
____ FED EX

J003993-4

COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION
 CLERK'S OFFICE
 1300 E MAIN ST
 RICHMOND, VA 23219
 (804) 371-9733
 (866) 722-2551 Toll-free in Virginia

Expedited Service Request

SCC21.2
 (04/09)

Business Entity Filing

****Read Information & Instructions pages before completing this form****

This form MUST be completed and placed on top of EACH document submission (so it can be readily identified as a request for expedited review and processing).

Entity Name: DC Music Fest _____	Entity's SCC ID No. (if known): _____
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Return Evidence of Filing To:
 (Correspondent's name and address)

Jonathan Chevalley

 12033 Elliotts Oak Pl.

 Bristow, VA 20136

Contact Person: Jonathan Chevalley

Phone Number: 703.201.3784

Fax Number: N/A

E-mail: jonchevalley@gmail.com

Return Evidence of Filing By:
 (mark all that apply)

Hold for Pickup (Available at 4:00 p.m.)

First-Class Mail

USPS Express Mail
 (Prepaid envelope required.)

Overnight via UPS Fed Ex
 (Completed airbill with account number required.)

Fax (Additional charge of \$25. Only available for Expedited Filings, Categories A and C.)

Complete, if not correspondent:

Name: _____

Fax No.: _____

~~~ See Information & Instructions for description of categories. ~~~

**Expedited Service(s) Requested:** (mark service requested)

**\*\*\*Expedite Fee(s):** (does not include filing fee(s) - see footnote)

**Category A** Expedite Business Entity Document listed in Schedule A

Same Day Service (In by Noon) \$ 200  
 Next Day Service (In by 4:00 p.m.) \$ 100

**Category B** Preliminary Review of a Document listed in Schedule A (2<sup>nd</sup> Business Day Service Only - In by 4:00 p.m.) (Note: No fee if document is a preliminary review resubmission within 30 days of initial submission.) \$ 50

**Category C** Expedite Business Entity Document listed in Schedule C (Next Day Service Only - In by 4:00 p.m.) \$ 50

Reinstatement Packet \$ 50

**FOR OFFICE USE ONLY**

01203 1225

01203 1225

I/O

\*\*\* Remember to include payment for all applicable fees (e.g. charter/entrance, reinstatement, filing, fax and expedite fees)



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

1012030373

UPA-93  
(04/08)

STATEMENT OF PARTNERSHIP AUTHORITY

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:

1. The name of the partnership is

DC Music Fest

2. The partnership is formed under the laws of

Virginia

(state or other jurisdiction)

3. (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.) Set forth the additional required information on an attachment.

4. The address, including the street and number, if any, of the partnership's principal office is

12033 Elliots Oak PI

(number/street)

Bristow

(city or town)

VA

(state)

20136

(zip)

5. The address, including the street and number, if any, of one office of the partnership in Virginia (if any) is

12033 Elliots Oak PI

(number/street)

Bristow

(city or town)

VA

(state)

20136

(zip)

6. (Mark applicable box)

The names and mailing addresses of all of the partners are:

Name

Address

Jonathan H Chevalley

12033 Elliots Oak PI

Bristow, VA 20136

Ashley Estill

2108 Chainbridge Ct.

Crofton, MD 21114

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

blank (see partners)

7. The name(s) of the partner(s) authorized to execute an instrument transferring real property held in the name of the partnership is (are):

Jonathan H Chevalley; Ashley Estill;

(name)

(name)

8. (Optional): Set forth 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 any other matter.

The individuals executing this statement personally declare under penalty of perjury that the contents of this statement are accurate.

Executed in the name of the partnership by (must be executed by at least two partners):

(signature of partner)

Jonathan H Chevalley

(printed name)

(signature of partner)

Ashley Estill

(printed name)

11/18/10  
(date)

11/23/10  
(date)

Telephone number (optional): (703) 201-3784

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.