# CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

TRI500173

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 Alexandria City.

1. The ASSUMED OR FICTITIOUS NAME of business
   ResumeYourWay
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 .....
NAME OF PARTNERSHIP 151231 1064
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
MBH National, Inc.
OFFICE ADDRESS [redacted]
POST OFFICE ADDRESS .....

(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: .....

CERTIFIED THIS 16 DAY OF 12, 2015
A COPY, TESTE: EDWARD SEMONIAN, CLERK
BY _____, DEPUTY CLERK

## 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 Berletney House NAME OF PRESIDENT _____ SIGNATURE OF PRESIDENT

Limited Liability Company ..... NAME OF MEMBER/MANAGER _____ SIGNATURE OF MEMBER/MANAGER

[X] City [ ] County of Alexandria State/Commonwealth of Virginia

Subscribed and acknowledged before me, this 10 day of December, 20 15

by Berletney House NAME President TITLE

NICHOLAS JAMES GARGAS
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
7651503
My Commission Expires
Nov. 30, 2019

[ ] CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

My commission expires 11/30/2019 Registration No. 7651503

**CLERK'S OFFICE**

Filed in the Clerks' Office of the Alexandria Circuit Court on 12/18/15 DATE

Edward Semonian, Clerk by _____ Deputy Clerk

FORM CC-1050 (MASTER, PAGE ONE OF TWO) 05/08
VA. CODE § 59.1-69

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