

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

STAFFORD COUNTY CIRCUIT COURT

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 Stafford

1. The ASSUMED OR FICTITIOUS NAME of business

NORG Computers

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

Reinaldo Gonzalez Cuevas

RESIDENCE ADDRESS

219 Woodstream Cir, Stafford, VA 22556

POST OFFICE ADDRESS

219 Woodstream Cir, Stafford, VA 22556

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

OFFICE ADDRESS

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:

ACKNOWLEDGMENT

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

Sole Proprietorship

Reinaldo Gonzalez Cuevas

NAME OF OWNER

[Signature]

SIGNATURE OF OWNER

Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

Limited Liability Company

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

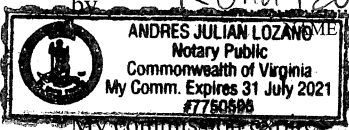
[] City [X] County of Fairfax State/Commonwealth of Virginia

Subscribed and acknowledged before me, this 11 day of April, 2019

by Reinaldo Gonzalez Cuevas

TITLE

owner



07/31/2021

[] CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

Registration No. 7750595

CLERK'S OFFICE

Filed in the Clerks' Office of the Stafford

Circuit Court on 4/12/19

DATE

Kathleen M. Skone, Clerk by Stephanie Callaway, Deputy Clerk