

**CERTIFICATE OF TRADE NAME**  
**FOR LIMITED LIABILITY PARTNERSHIP**  
**PARTNERSHIPS ONLY**

For Clerk's office use only

**CERTIFICATE REQUIRED TO BE FILED BY LIMITED PARTNERSHIP (LP) CONDUCTING BUSINESS  
IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.**

We, \_\_\_\_\_ and \_\_\_\_\_  
(Full Name) (Full Name)

hereby certify in accordance with the provisions of § 59.1-69 of the 1950 Code of Virginia that we are conducting the

business of \_\_\_\_\_  
(Type of Business)

at \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (Phone Number)

Fauquier County, Virginia, under the name of:

\_\_\_\_\_  
(Name of Business)

and that no other Limited Partnership (LP) or person has any interest of any kind in the said business and that we are the sole owners and proprietors thereof and that our full names and respective Post office addresses are:

FULL NAME	POST OFFICE ADDRESS	RESIDENCE ADDRESS	PHONE NUMBER
-----------	---------------------	-------------------	--------------

\_\_\_\_\_  
\_\_\_\_\_

and the Limited Partnership Agent's name is: \_\_\_\_\_

and the Registered Agent's address is: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**TO BE USED ONLY FOR FOREIGN LIMITED PARTNERSHIPS (LP)**  
We further certify that we are authorized to do business in the Commonwealth of Virginia  
On the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Given under our hands this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

NAME OF LIMITED PARTNERSHIP: \_\_\_\_\_

BY: X \_\_\_\_\_ BY: X \_\_\_\_\_

PRINT: \_\_\_\_\_ PRINT: \_\_\_\_\_

TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Commonwealth of Virginia  
County of Fauquier, to-wit:

I, \_\_\_\_\_ the undersigned Deputy Clerk of the Circuit Court  
(Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that \_\_\_\_\_

\_\_\_\_\_  
whose names are signed to the foregoing and hereunto annexed Certificate dated the \_\_\_\_\_ day of \_\_\_\_\_,

2\_\_\_\_, has this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk (Notary Public)

Notary Registration ID Number: \_\_\_\_\_

Clerk's Recording Fee of \$10.00 Paid  
Fauquier County Circuit Court  
29 Ashby St., Warrenton, VA 20186  
REV: July 2007