



**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 [X] County of Warrenton

1. The ASSUMED OR FICTITIOUS NAME of business

Silver Cup Estates HOA

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) [X] CORPORATION (Complete C below).

A NAME OF OWNER: \_\_\_\_\_  
 RESIDENCE ADDRESS \_\_\_\_\_  
 POST OFFICE ADDRESS \_\_\_\_\_

B. NAME OF PARTNERSHIP \_\_\_\_\_  
 OFFICE ADDRESS \_\_\_\_\_  
 POST OFFICE ADDRESS \_\_\_\_\_

Is this a general partnership? [ ] NO [ ] YES. If YES, complete the Statement of Partners on Page Two of Two. 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 [X] CORPORATION [ ] LIMITED LIABILITY COMPANY

Silver Cup Homeowners Association, Inc.  
 OFFICE ADDRESS 59 Culpeper Street, Warrenton, VA 20186  
 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? [X] 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

Corporation Randy Anderson  
NAME OF PRESIDENT

Randy Anderson  
SIGNATURE OF PRESIDENT

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

Subscribed and acknowledged before me, this 2 day of October, 2013.

Cynthia Elizabeth Gale  
NAME

Director of Educational Compliance  
TITLE

My commission expires Jan 31, 2014

[ ] CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

Registration No. 7365554

2013 OCT 11 P 12:34  
CLERK'S OFFICE  
REGISTRATION DESK

VIRGINIA: IN THE CLERK'S OFFICE OF THE CIRCUIT COURT FOR THE COUNTY OF FAUQUIER,

OCT - 9 2013

This instrument was this day received in said Office and with certificate admitted to record at 3:55 p. m.

**CYNTHIA ELIZABETH GALE  
NOTARY PUBLIC  
COMMONWEALTH OF VIRGINIA**

TESTE: Gail H Barb, CLERK

Is this a general partnership? [ ] NO [ ] YES. IF YES, complete the Statement of Partners on page two of two. 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: \_\_\_\_\_

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**ACKNOWLEDGMENT**

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

Corporation Randy Anderson  
NAME OF PRESIDENT

Randy Anderson  
SIGNATURE OF PRESIDENT

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

Subscribed and acknowledged before me, this 2 day of October, 2013.

Cynthia Elizabeth Gale  
NAME

Director of Equal Compliance  
TITLE

My commission expires Jun 31, 2014

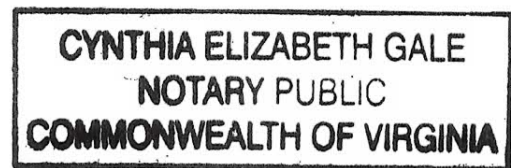
[ ] CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

Registration No. 7365654

VIRGINIA: IN THE CLERK'S OFFICE OF THE CIRCUIT COURT FOR THE COUNTY OF FAUQUIER,

OCT - 9 2013

This instrument was this day received in said Office and with certificate admitted to record at 3:55 p. m.



TESTE: Gail H Barb, CLERK

I certify that the document to which this authentication is affixed is a true copy of a record in the Fauquier County Circuit Court, Virginia, that I have custody of the record, and that I am the custodian of the record.

Gail H. Barb, Clerk

By [Signature] Deputy Clerk

Date: OCT - 9 2013