

PARTNERSHIP FORM FOR CORPORATION

The full name of each corporation composing the below named co-partnership and their respective post-office and residence addresses are:

NAME	POST OFFICE ADDRESS	RESIDENCE ADDRESS
_____	_____	_____
_____	_____	_____

The name and style of the firm is _____.

The length of time for which it is to continue is _____.

The locality of the place of business of the said firm is _____
Chesapeake, Virginia.

In Testimony Whereof, We have hereunto signed our names this ____ day of _____, _____.

Name of Corporation

By _____

Name of Corporation

By _____

STATE OF _____

CITY OR COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for the _____ aforesaid,
whose commission expires on the ____ day of _____, _____, do hereby certify that

_____ whose names are signed to the foregoing
certificate have acknowledged the same before me on this ____ day of _____, _____.

Notary Public

VIRGINIA: In the Clerk's Office of the Circuit Court in the City of Chesapeake, on the ____ day of _____, _____.
This certificate was this day received and upon certificate of acknowledgment thereto annexed, admitted to record.

Teste: FAYE W. MITCHELL, CLERK

By _____ D.C.

Where business is conducted in this State, under an assumed or fictitious name by a corporation, such corporation shall file in the office of the Clerk of the State Corporation Commission a copy of such certificate, duly attested by the Clerk in which the original is filed.