

File a Fictitious Name Certificate in the Clerk's Information System

To run a business under a name different than your own, you must file a fictitious name certificate with the Clerk's Office. This how-to guide will walk you through filing a fictitious name certificate and releasing a fictitious name online in the new Clerk's Information System (CIS) <https://cis.scc.virginia.gov/>.

File a Fictitious Name Certificate

- 1 Log on to CIS at <https://cis.scc.virginia.gov/>.
Note: Google Chrome, Internet Explorer, or Microsoft Edge are recommended.
- 2 Click **Online Services** on the top left.
- 3 Under Business Entities, click **Name Reservations/Registrations/Fictitious Name**.
- 4 Select **Fictitious Name** from the drop-down.
- 5 Select **Fictitious Name Certificate** from the drop-down.
- 6 Click **Continue**.
- 7 Determine whether the fictitious name is associated with an entity on record with the SCC and click **Yes** or **No**.
 - 1A If **Yes**, enter the **Entity Name** or **Entity ID** and click **Search**.
 - 1B Under **Search Results**, check the radio button next to the desired entity.
 - 1C Click **Next**.
 - 1D Enter the **Fictitious Name** and click **Next**.
Note: Do not enter "LLC" or "INC", etc.

File a Fictitious Name Certificate

If the fictitious name is not associated with an entity on record:

2A Click **Next**.

2B Enter the **Entity Information** and the **Fictitious Name**.

2C Click **Next**.

8 Indicate if you are signing as an **Individual** or **On Behalf of Business Entity** by checking the appropriate radio button.

Complete all **Signature Information** fields marked with an asterisk (*) and click **Add**.

9 Click **OK** in the pop-up box.

10 The signature information will populate. Click **Next**.

11 Review each section of the **Fictitious Name Certificate** and make any edits, as necessary.

12 Click **Add To Shopping Cart** on the bottom right.

13 Click **Checkout**.

14 Click **Go To Payment**.

If the fictitious name is not associated to an entity on record, click the next

Entity ID:

2A

FICTITIOUS NAME CERTIFICATE

Entity Information

Entity Name: **2B** Entity Type: Fictitious Name

Entity Email Address: Contact Number:

Fictitious Name

Fictitious Name: **2B**

2C

Signature Information

The undersigned affirms that the information contained in this electronic submission is accurate and true to the best of the undersigned's knowledge. If the undersigned is aware that the information contained in this document that is false in any material respect, the undersigned shall be liable for any damages caused by such false information.

Signing as: Individual On Behalf of Business Entity

8

Printed Name	Signature
Teresa Hudgins	Teresa Hudgins

9 **10**

Signature Added Successfully

SHOPPING CART

Payment Policy

Pursuant to statute, there is no filing fee for an annual report. Other payments may be refundable if a document is not accepted for filing and a request for a refund is made timely. A filing fee paid for one document cannot be transferred to another document.

Review all information entered carefully. You will not be able to edit your filing information once the payment process is initiated.

Document Type	Entity Name
Fictitious Name Certificate	Help For Documentation, Inc.

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REVIEW OF FICTITIOUS NAME CERTIFICATE

Entity Information

Entity Name: Help For Documentation, Inc. **11**

Entity Email Address: [redacted]@scc.virginia.gov

Fictitious Name

Fictitious Name: TechComm

Printed Name	Signature	Title
Teresa Hudgins	Teresa Hudgins	Director

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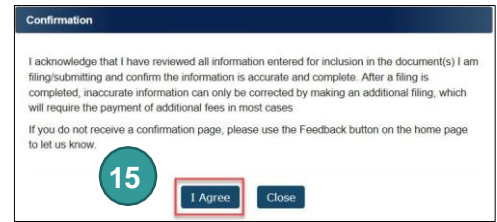
13

Document Type	Entity Name	Created Date/Time	Fee
Fictitious Name Certificate	Help For Documentation, Inc.	02/26/2020 10:49 AM	\$10.00

14

File a Fictitious Name Certificate

15 In the Confirmation pop-up window, click **I Agree**.
Note: You will be taken to a site administered by LexisNexis to complete your payment.



16 Enter your **Billing Address** and **Payment Information**, completing all fields marked with an asterisk (*). You must complete the **Captcha** field.

Billing Address

ADDRESS TYPE
 Domestic (US and Puerto Rico) Military (APO/FPO) International (including Canada, Mexico)

Billing First Name* Jane
 Billing Last Name* Doe
 Billing Zip Code* 23219
 Billing Address Line1* 123 Any Street
 Billing Address Line2
 Billing City* Richmond
 Billing State* VA
 E-mail* jane.doe@gmail.com
 Confirm E-mail* jane.doe@gmail.com
 Phone Number* (804) 371-9733

Payment Information

PAYMENT TYPE
 Credit Card

Card Number*
 Expiration Month* May
 Expiration Year* 2022
 Security Code*
 Captcha* 6438d
 Enter Captcha 6438d

Cancel 17 Continue

17 Click **Continue**.

18 Check the **Acknowledgement** radio button and click **Pay Now**.
Note: Do not close the browser window.

19 You will be directed to a confirmation screen.

Agency Amount	\$10.00
LexisNexis Service Fee	\$0.00
Total Amount	\$10.00

Billing Address

Billing First Name Jane
 Billing Last Name Doe
 Billing Zip Code 23219
 Billing Address Line1 123 Any Street
 Billing Address Line2
 Billing City Richmond
 Billing State VA
 Billing Country United States of America
 E-mail jane.doe@gmail.com
 Phone Number (804) 3719733

Payment Information

Credit Card

Card Number *****0248 (MASTERCARD)
 Expiration Date 05/2022

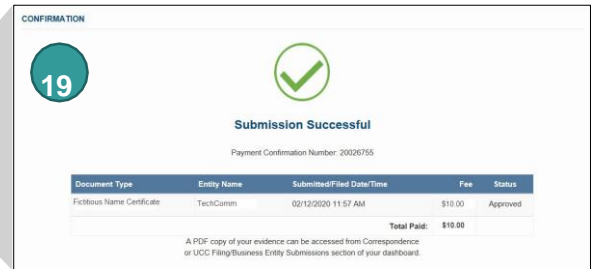
Payment Authorization

Total Amount \$110.00

Acknowledgment

By checking this box, I am authorizing the payment of the bill amount plus the LexisNexis Service Fee.

18 18 Pay Now



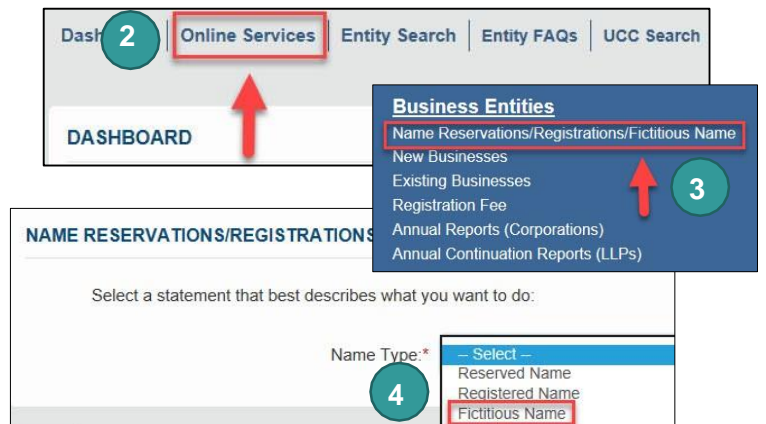
Release a Fictitious Name

1 Log on to CIS at <https://cis.scc.virginia.gov/>.
Note: Google Chrome, Internet Explorer, or Microsoft Edge are recommended.

2 Click **Online Services** on the top left.

3 Under Business Entities, click **Name Reservations/Registrations/Fictitious Name**.

4 Select **Fictitious Name** from the drop-down.



Release a Fictitious Name

5 Select **Fictitious Name Release** from the dropdown, then click **Continue**.

6 Enter the **Entity Name** or **Entity ID** and click **Search**.

7 Under **Search Results**, check the radio button next to the desired entity.

Note: Clicking the entity name will open your business information in a new tab.

8 Click **Next**.

9 Select the Fictitious Name to release and click **Next**.

10 Indicate if you are signing as an **Individual** or **On Behalf of Business Entity** by checking the appropriate radio button.

Complete all **Signature Information** fields marked with an asterisk (*) and click **Add**.

11 Click **OK** in the pop-up box.

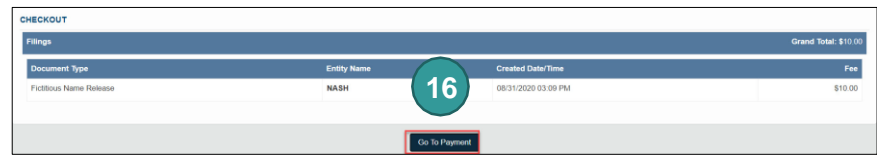
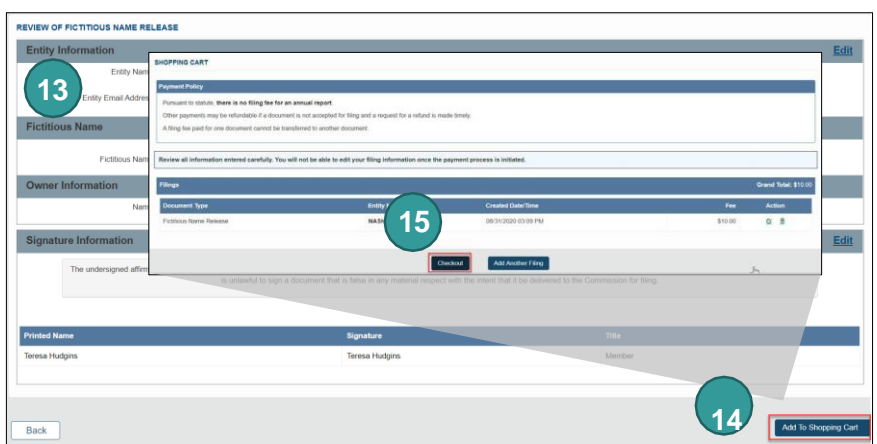
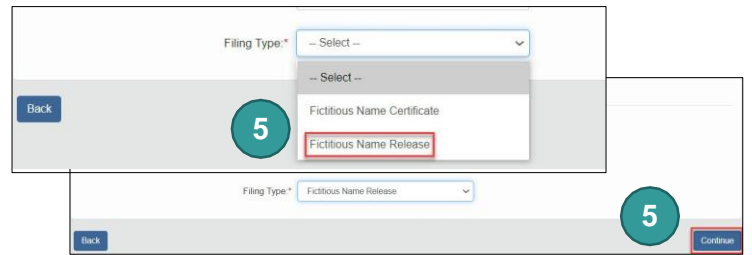
12 The signature information will populate. Click **Next**.

13 Review each section of the **Fictitious Name Release** and make any edits, as necessary.

14 Click **Add To Shopping Cart** on the bottom right.

15 Click **Checkout**.

16 Click **Go To Payment**.



Release a Fictitious Name

- 17 In the Confirmation pop-up window, click **I Agree**.

Note: You will be taken to a site administered by LexisNexis to complete your payment.

Confirmation

I acknowledge that I have reviewed all information entered for inclusion in the document(s) I am filing/submitting and confirm the information is accurate and complete. After a filing is completed, inaccurate information can only be corrected by making an additional filing, which will require the payment of additional fees in most cases.

If you do not receive a confirmation page, please use the Feedback button on the home page to let us know.

- 18 Enter your **Billing Address** and **Payment Information**, completing all fields marked with an asterisk (*). You must complete the **Captcha** field.

Billing Address

ADDRESS TYPE

Domestic (US and Puerto Rico)
 Military (APO/FPO)
 International (including Canada, Mexico)

Billing First Name*

Billing Last Name*

Billing Zip Code*

Billing Address Line1*

Billing Address Line2

Billing City*

Billing State*

E-mail*

Confirm E-mail*

Phone Number*

Payment Information

PAYMENT TYPE

Credit Card

Card Number*

Expiration Month*

Expiration Year*

Security Code*

We've provided this sample credit card to assist you in finding the security code.

Captcha*

Enter Captcha

- 19 Click **Continue**.

- 20 Check the **Acknowledgement** radio button and click **Pay Now**.

Note: Do not close the browser window.

- 21 You will be directed to a confirmation screen.

Agency Amount	\$10.00
LexisNexis Service Fee	\$.00
Total Amount	\$10.00

Billing Address

Billing First Name: Jane

Billing Last Name: Doe

Billing Zip Code: 23219

Billing Address Line1: 123 Any Street

Billing Address Line2:

Billing City: Richmond

Billing State: VA

Billing Country: United States of America

E-mail: jane.doe@gmail.com

Phone Number: (804) [REDACTED]

Payment Information

Credit Card

Card Number: *****0248 (MASTERCARD)

Expiration Date: 01/2022

Payment Authorization

Total Amount: \$10.00

Acknowledgment

By checking this box, I am authorizing the payment of the bill amount plus the LexisNexis Service Fee.

CONFIRMATION

✓

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Submission Successful

Payment Confirmation Number: 20026755

Document Type	Entity Name	Submitted/Filed Date/Time	Fee	Status
Fictitious Name Release	NASH	02/12/2020 11:57 AM	\$10.00	Approved
Total Paid:			\$10.00	

A PDF copy of your evidence can be accessed from Correspondence or UCC Filing/Business Entity Submissions section of your dashboard.