

INSTRUCTIONS FOR FILING ASSUMED NAME CERTIFICATE

1. An incorporated business or profession doing business under a name other than its corporate name as sated in its articles of incorporation must file an assumed name certificate with the Secretary of State and with the appropriate County Clerk in accordance with Section 36.11 of the Texas Business and Commerce Code.
2. The information provided in paragraph 6 as regards the registered agent and registered office address in Texas must match the information on file in this office. To verify the information on file with this office, you may contact our corporate information unit at (512) 463-5555. Forms to change the registered agent/office are available from this office should you require to update this information.
3. For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied by the filing fee of \$25.00 to:

**Secretary of State
Statutory Filings Division
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(512) 463-5582**

4. The filing fee with the Secretary of state is \$25.00.
5. All assumed name certificates to be filed with the County Clerk must be forwarded the Corporation directly to the County Clerk.
6. Whenever an event occurs that causes the information in the assumed name certificate to become materially misleading (eg. change of registered agent/office or change of name), a new certificate must be filed within 60 days after the occurrence of the events which necessitate the filing.

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR
PROFESSION**

NOTICE: "Certificates of Ownership" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Sec 1, Title 1 Business and Commercial Code)
(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

Business Name

BUSINESS ADDRESS: (Street Address, City/State, Zip of location of Business)

CITY: STATE: ZIP CODE:

PERIOD (NOT TO EXCEED 10 YEARS) IN WHICH ASSUMED NAME WILL BE USED:

BUSINESS IS TO BE CONDUCTED AS (Check One):

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Reg. Limited Liability Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Real Estate Investment Trust
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Joint Stock Company
	<input type="checkbox"/> Joint Venture

____ Other (name type of business)

CERTIFICATE OF OWNERSHIP
(Do Not Sign until you are in front of a notary)

I/We, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(s) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

Print Name: _____

Signature _____

Address _____ City/State _____ Zip _____
(Residence)

Print Name: _____

Signature _____

Address _____ City/State _____ Zip _____
(Residence)

Print Name: _____

Signature _____

Address _____ City/State _____ Zip _____
(Residence)

Print Name: _____

Signature _____

Address _____ City/State _____ Zip _____
(Residence)

(Acknowledgement)

STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me this the _____ day
of _____ 20____ by _____.

(Seal)

Notary Public, State of Texas

(Acknowledgement)

STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me this the _____ day
of _____ 20____ by _____.

(Seal)

Notary Public, State of Texas

