



Dana DeBeauvoir *Travis County Clerk*

Mailing Address: P.O. Box 149325, Austin, Texas 78714-9325
Phone: (512) 854-9188
www.traviscountyclerk.org

Recording, Elections, Computer Resources, Accounting, and Administration Divisions 5501 Airport Boulevard, Austin, Texas 78751
Misdemeanor Records, Civil/Probate/Commissioners Court Minutes, and Records Management Divisions 1000 Guadalupe, Austin, Texas 78701

ASSUMED NAME CERTIFICATE FOR CERTAIN UNINCORPORATED PERSONS

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly):

PHYSICAL ADDRESS OF BUSINESS (print clearly):

Address _____

City _____ State _____ Zip Code _____

I hereby state that this registrant is:

- AN INDIVIDUAL.** Below is my full name and residence address.
- A PARTNERSHIP.** Below is the name and office address of the venture or partnership; the full name of each joint venture or general partner; and each joint venturer's or general partner's office address, if the venture or partner is not an individual.
- AN ESTATE.** Below is the name and address (if any) of the estate; the full name of each representative of the estate; and each representative's residence address if the representative is an individual, or the representative's office address, if the representative is not an individual.
- A REAL ESTATE INVESTMENT TRUST.** Below is the name and address of the trust; the full name of each trustee manager; and each trustee manager's residence address, if the trustee manager is an individual, or the trustee manager's office address, if the trustee manager is not an individual.
- COMPANY OTHER THAN A REAL ESTATE INVESTMENT TRUST.** Below is the name and office address of the company. The state, country, or other jurisdiction under the laws of which this company was organized is _____

And further state that this registrant is **not** a limited partnership, limited liability company, limited liability partnership, or foreign filing entity.

Information required as listed above (print clearly):

Name _____ *Signature* _____

Address _____

Name _____ *Signature* _____

Address _____

Name _____ *Signature* _____

Address _____

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Travis:

Before me, the undersigned authority, on this day personally appeared: _____
known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on _____

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy Seal of the Notary Public or Clerk of the Court, Deputy

<p>INFORMATION WHERE DOCUMENT SHOULD BE RETURNED (to be completed by applicant): In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Form of identification presented: _____



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ASSUMED NAME CERTIFICATE FOR INCORPORATED BUSINESS OR PROFESSION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, OR FOREIGN FILING ENTITY

A corporation, limited partnership, limited liability partnership, limited liability company, or foreign filing entity must file a certificate under this subchapter if the entity:

- (1) regularly conducts business or renders professional services in this state under an assumed name; or
- (2) is required by law to use an assumed name in this state to conduct business or render professional services.

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly):

PHYSICAL ADDRESS OF BUSINESS (print clearly):

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby specify that this registrant is:

- A for-profit corporation, nonprofit corporation, professional corporation, professional association, or other type of corporation.
- A limited partnership, limited liability partnership, or limited liability company.
- Another type of incorporated business, professional or other association, or legal entity, foreign or domestic.

Registrant's name as stated in the registrant's certificate of formation or application filed with the office of the Secretary of State or other comparable document:

State, country, or other jurisdiction under the laws of which the registrant was incorporated or organized:

Period, not to exceed 10 years, during which the registrant will use the assumed name: _____

Street or mailing address of the registrant's principal office in this state or outside this state, as applicable:

County or counties in this state where the registrant is or will be conducting business or rendering professional services under the assumed name.

- All Counties All Counties except: _____
- Only the following Counties: _____

This certificate must be executed and acknowledged:

- (A) by each individual whose name is required to be stated in the certificate or the individual's representative or attorney-in-fact; and
- (B) under oath on behalf of each person whose name is required to be stated in the certificate and who is not an individual, by: (1) the person's representative or attorney-in-fact; or (2) a joint venturer, general partner, trustee manager, officer, or other person having authority regarding the person comparable to the person's representative or attorney-in-fact. A certificate executed and acknowledged by an attorney-in-fact must include a statement that the attorney has been authorized in writing by the attorney's principal to execute and acknowledge the certificate.

Name _____ *Signature* _____

Name _____ *Signature* _____

Name _____ *Signature* _____

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Travis:

Before me, the undersigned authority, on this day personally appeared: _____

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on _____

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

Seal of the Notary Public or Clerk of the Court, Deputy

<p>INFORMATION WHERE DOCUMENT SHOULD BE RETURNED (to be completed by applicant): In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Form of identification presented: _____