



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697

**ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE**

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is _____

2. The assumed name under which the business or professional service is or is to be conducted or rendered is _____

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is _____ and the address of its registered or similar office in that jurisdiction is _____

4. The period, not to exceed 10 years, during which the assumed name will be used is _____

5. The entity is a (check one):

A.

- | | |
|---|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Registered Limited Liability Partnership | |

B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.) _____

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is _____

_____ and the name of its registered agent

at such address is _____

The address of the principal office (if not the same as the registered office) is _____

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is _____

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is _____

and the office address elsewhere is _____

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

By _____
Signature of officer, general partner, manager,
representative or attorney-in-fact of the entity

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

INSTRUCTIONS

- 1. A corporation, limited liability company, limited partnership or registered limited liability partnership which regularly conducts business or renders a professional service in this state under a name other than its true name, must file an assumed name certificate with the secretary of state. In addition, an assumed name certificate must be filed with the county clerk in the county in which the registered office is located the with the county clerk in the county which the principal office is located if these are not in the same county.**
- 2. This form is designed to meet minimum statutory filing requirements for filing with the secretary of state; no warranty is made regarding the suitability of this form for any particular purpose. This form and the information provided are not substitutes for the advice of an attorney. Prior to signing, please review carefully the statements set forth in the document. A person commits an offense under section 36.27 of the Business & Commerce Code if the person signs a document the person knows is false in any material respect with the intent that the document be delivered to the secretary of state for filing. The offense is punishable as if it were an offense under section 37.10 of the Penal Code.**
- 3. Send the executed certificate accompanied by the filing fee of \$25 to the Secretary of State, Statutory Filings Division, Corporations Section, P.O. Box 13697, Austin, Texas 78711-3697. The delivery address is 1019 Brazos, Austin, Texas 78701. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709. Upon filing, the certificate will be placed on record. If a duplicate file-stamped copy is desired, you must submit a duplicate copy of the document for this purpose.**
- 4. Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.**
- 5. The information provided in paragraph 6 regarding the registered agent and registered office address in Texas must match the information on file in this office. To verify the information on file, you may contact our Public Information Team at (512) 463-5555 or e-mail at corpinfo@sos.state.tx.us.**
- 6. Whenever an event occurs that causes the information in the assumed name certificate to become materially misleading (e.g. change of registered agent/office or a change of name), a new certificate must be filed within 60 days after the occurrence of the event which necessitates the filing.**
- 7. A registrant that ceases to transact business or render professional services under an assumed name for which a certificate has been filed may file an abandonment of use pursuant to the Texas Business & Commerce Code, section 36.14. (Form 504)**
- 8. Assumed name certificates to be filed with the county clerk must be notarized and contain original signatures; this form does not satisfy county filing requirements. An assumed name certificate to be filed with the county clerk must be sent directly to the appropriate county clerk and not to the secretary of state.**