



PLEASE PRINT OR TYPE

Mary Louise Nicholson  
Tarrant County Clerk

**ASSUMED NAME CERTIFICATE  
FOR AN INCORPORATED BUSINESS OR PROFESSION**

**NOTICE:** "Certificates are valid only for a period not to exceed 10 years from the date filed in the County Clerk's office Chapter 71, Sect. 151(a), Title 5 Business and Commerce Code. This certificate properly executed is to be filed immediately with the County Clerk.

NAME UNDER WHICH BUSINESS OR PROFESSIONAL  
SERVICES IS OR WILL BE CONDUCTED: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. The name of the incorporated business or profession as stated in its Articles of  
Incorporation or comparable document is: \_\_\_\_\_

And the charter number or certificate of authority number, if any, is: \_\_\_\_\_

2. The state, country, or other jurisdiction under the laws of which it was incorporated is: \_\_\_\_\_

And the address of its registered or similar office in that jurisdiction is: \_\_\_\_\_

3. The period, not to exceed ten years, during which the assumed name will be used is: \_\_\_\_\_

4. The corporation is a (check one):

☐ Business corporation ☐ Professional corporation ☐ Other type of corporation (specify): \_\_\_\_\_

☐ Non-Profit corporation ☐ Professional association ☐ Or other type of incorporated  
business, professional or other  
association or legal entity (specify): \_\_\_\_\_

5. If a single owner, is that owner a veteran? Yes No

6. If the corporation is required to maintain a registered office in Texas, the address  
of the registered office is: \_\_\_\_\_

and the name of its registered agent as such address is: \_\_\_\_\_

The address of the principal office (if not the same as the registered office) is: \_\_\_\_\_

7. If the corporation is not required to or does not maintain a registered office in Texas,  
the office address in Texas is: \_\_\_\_\_

And if the corporation 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. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by  
his principal to execute and acknowledge this instrument.

By: \_\_\_\_\_  
Signature of officer, representative or attorney-in-fact of the corporation

THE STATE OF TEXAS

COUNTY OF TARRANT

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 under oath, acknowledged to me that  
they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \_\_\_\_\_, \_\_\_\_\_

(SEAL)

Notary Public in and for \_\_\_\_\_ County, Texas

MARY LOUISE NICHOLSON, TARRANT COUNTY CLERK

By \_\_\_\_\_, Deputy Clerk