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 36, Title 4 Business and Commerce Code)

This certificate properly executed is to be filed immediately with the County Clerk

(PRINT OR TYPE)

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED:					
Address					
Auc					
City: State			Zip Code:		
1.	The name of the incorporated business or profession as stated in its Articles or Incorporation or comparable document is:				
	And the charter number or c	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 regist	And the address of its registered or similar office in that jurisdiction is:			<u> </u>
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 corporati	ion (specify):	
	□ Non-Profit corporation	☐ Professional association	☐ Or other type of incorp business, professional association or legal en	porated I or other	
5.	. 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:					
6.	If the corporation is not requithe office address in Texas is	n is not required to or does not maintain a registered office in Texas, ss 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:				
7.	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"):				
8.	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.				
THE	E STATE OF TEXAS		By: signature of officer, representati	tive or attorney-in-fact of the corporation	
CO	UNTY OF TARRANT				
Kno	own to me to be the person(s)	NED AUTHORITY, on this day polyone (s) whose name(s) is/are subscriber pose and consideration therein of	ed to the foregoing instrume	ent and under oath, acknowledged to me	e that
GIV	EN UNDER MY HAND AND	SEAL OF OFFICE, on		, ,	
	(SEAL)			for Cou	ınty
			MARY LOUISE G	ARCIA, COUNTY CLERK	
CC 14 CDC 1220 Pay 9/09		Ву	, De	eputy	