

ASSUMED NAME CERTIFICATE

**For an Incorporated Business or Profession, Limited Partnership,
Registered Limited Liability Partnership or Limited Liability Company**

Pursuant to the provisions of The State of Texas Business and Commerce Code §71.101, the undersigned certifies the following:

1. The Name of the Corporation, Limited Partnership, Registered Limited Liability Partnership, or Limited Liability Company as stated in its Articles of Incorporation, Articles of Organization, Certificate of Limited Partnership, application 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, County, 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 ten years, during which the assumed name will be used is from the date filed with the County Clerk.
5. The entity is (please check one):
A. _____ Business Corporation B. _____ Non-Profit Corporation C. _____ Professional Corporation
D. _____ Professional Association E. _____ Limited Partnership F. _____ Limited Liability Company
G. _____ Registered Limited Liability Partnership or some other type of incorporated business,
Professional or other Association (specify) _____
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is _____ and the name of the 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 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") _____.

In testimony whereof, _____, have hereunto set _____ hand(s) this the _____ day of _____, A.D., 20____.

Signature of Officer, General Partner, Manager,
Member, Representative, or Attorney-in-Fact
of the Entity

State of Texas§
County of Brazoria§

This instrument was acknowledged before me on the _____ day of _____, A.D., 20____ by _____ of _____

(Name of officer)

(Title of officer)

_____, a _____, corporation on behalf of said
(Name of Corporation) (State of Incorporation)
corporation.

Given under my hand and seal of office this _____ day of _____, A.D., 20____.

Notary Public, State of Texas
Or
Joyce Hudman, Brazoria County Clerk

By: _____, Deputy