

ASSUMED NAME RECORD

CERTIFICATE OF OWNERSHIP OF UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Sect. 1, Title 4 Business and Commerce Code)

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

NAME IN WHICH BUSINESS WILL BE CONDUCTED: _____

PHYSICAL ADDRESS OF BUSINESS: _____
Street City State Zip

TELEPHONE NUMBER: _____ (optional) EMAIL: (optional) _____

WEBSITE: (optional) _____

PERIOD (Not to exceed 10 years) DURING WHICH THE ASSUMED NAME WILL BE USED IS _____ YEARS

BUSINESS IS TO BE CONDUCTED AS: (Choose One)

- Sole Proprietorship
- General Partnership
- ~~Other~~
- Joint Stock Company
- Practitioner
- Other: _____
- Real Estate Investment Group
- Joint Venture

CERTIFICATE OF OWNERSHIP

The undersigned, is/are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

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 is/are the owner(s) of the above-named business and the he signed the same for the purpose of consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS the _____ day of _____, 2020

Notary Public in and for _____ County

(SEAL)