



**DELIA BRIONES**

El Paso County Clerk  
500 E. San Antonio Suite 105  
El Paso, Texas 79901  
(915) 546-2071  
Fax (915) 546-2012

**ASSUMED NAME RECORDS**

**CERTIFICATE OF OWNERSHIP FOR INCORPORATED BUSINESS OR PROFESSION**

NOTICE "CERTIFICATE OF OWNERSHIP" valid only for a period not to exceed 10 years from date filed in the COUNTY CLERK'S OFFICE

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

1. The name of the **INCORPORATED BUSINESS** as stated in its Articles of Incorporation (or comparable document) is:

\_\_\_\_\_

And its chapter number, file number, or certificate number, if any, is \_\_\_\_\_

2. The state, county, or other jurisdiction where it is incorporated is \_\_\_\_\_

And the address of its registered office there is \_\_\_\_\_

3. The period during which the Assumed Name will be used is (not to exceed 10 years) \_\_\_\_\_

4. The corporation is a  Business Corporation  Non-Profit Corporation  Professional Corporation

Professional Association  Limited Liability Company  Other (specify) \_\_\_\_\_

5. If the corporation is required to maintain a registered office in Texas:

The Registered Office Address in Texas is \_\_\_\_\_

The Registered Agent is \_\_\_\_\_

The Principal Office Address (if different from registered office) is \_\_\_\_\_

6. If the corporation is **NOT** incorporated, organized, or associated with the State of Texas, the place of business address in Texas is

\_\_\_\_\_

The corporation's office address elsewhere (if any) is \_\_\_\_\_

7. The county or counties in Texas where business or professional services are to be conducted or rendered under such assumed name

**CHECK ONE**  El Paso County  ONLY the following Texas counties \_\_\_\_\_

ALL Texas counties  ALL Texas counties EXCEPT \_\_\_\_\_

8. **CHECK ONE**  I AM a veteran  I am NOT a veteran

If this instrument is executed by an attorney-in-fact, (s)he hereby states that (s)he has been duly authorized, in writing, by his/her principal to execute and acknowledge this instrument.

\_\_\_\_\_  
Signature of Officer, Representative, or Attorney-in-Fact for the corporation

**The State of Texas**

TYPE OF ID (DO NOT USE ID #): \_\_\_\_\_

**County of El Paso**

EXP OF ID: \_\_\_\_\_

**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 are the owner(s) of the above-named business and that they signed the same for the purpose and consideration therein expressed.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE**, on \_\_\_\_\_, 20 \_\_\_\_\_

**PRESENTED VETERAN'S ID:**  
  
YES  
  
NO  
  
COUNTY CLERK'S OFFICE  
USE ONLY

(SEAL)

**DELIA BRIONES**  
County Clerk of El Paso County, Texas

By \_\_\_\_\_  
Deputy

\_\_\_\_\_  
Notary Public