

**Form 502****(Revised 05/11)**

Return in duplicate to:

Secretary of State

P.O. Box 13697

Austin, TX 78711-3697

512 463-5555

FAX 512 463-5709

[Instructions](#)**Filing Fee: \$40**

This space reserved for office use.

**Application for  
Registration of An  
Entity Name****ENTITY NAME**

The organization named below is authorized to do business in Texas as a bank, trust company, savings association, or insurance company, or is a foreign filing entity not registered to do business in Texas, and submits this application to register its name under sections 5.151 to 5.152 of the Texas Business Organizations Code.

*Organization Name***ENTITY ADDRESS***Street or Mailing Address**City**State**Country**Zip Code***JURISDICTION AND DATE OF FORMATION**

The organization was formed on \_\_\_\_\_ under the laws of \_\_\_\_\_

*mm/dd/yyyy**State***NATURE OF BUSINESS**

The nature of the organization's business is:

**CERTIFICATION OF EXISTENCE**

The undersigned authorized person certifies that the organization validly exists and is doing business under the laws of its jurisdiction of formation as a: (Check applicable box. If "other foreign organization", specify organization type in space provided.)

☐ Foreign For-profit Corporation☐ Foreign Limited Liability Company☐ Insurance Company☐ Foreign Nonprofit Corporation☐ Foreign Limited Partnership☐ Trust Company☐ Foreign Professional Corporation☐ Foreign Cooperative Association☐ Savings Association☐ Foreign Professional Association☐ Bank☐ Other Foreign Organization \_\_\_\_\_

## EXECUTION

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and title of authorized person