

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.)

<input type="checkbox"/> Foreign For-profit Corporation	<input type="checkbox"/> Foreign Limited Liability Company	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership	<input type="checkbox"/> Trust Company
<input type="checkbox"/> Foreign Professional Corporation	<input type="checkbox"/> Foreign Cooperative Association	<input type="checkbox"/> Savings Association
<input type="checkbox"/> Foreign Professional Association	<input type="checkbox"/> Bank	
<input type="checkbox"/> 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