Form 503 (Revised 09/13)

3 12-26-2018 11:41

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709

Filing Fee: \$25



## **Assumed Name Certificate**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

DEC 2 7 2018

**Corporations Section** 

(not to exceed 10 years).

	Assun	ned Name		
1. The assumed name under which the business or professional service is, or is to be, conducted or				
		ential Property Own		
		nformation		
	v			
2. The legal name of the entity fili	ng the assume	ed name is:		
Cypress Creek Lakes South Reside	ential Property	Owners Association	, Inc.	
State the name of the entity as currently so if not filed with the secretary of state.	hown in the recor	rds of the secretary of sta	te or on its organizational documents,	
3. The entity filing the assumed na	ime is a: (Select	the appropriate entity type	below.)	
For-profit Corporation		Limited Liability Company		
■ Nonprofit Corporation	on Limited Partnership			
Professional Corporation Limited Liability Partnership				
☐ Professional Association ☐ Cooperative Association			ve Association	
Other				
			st, state bank, insurance company, etc.	
4. The file number, if any, issued (	to the entity by	the secretary of stat	e is: 801604642	
5. The state, country, or other juris	sdiction of for:	mation of the entity i	s: Texas	
6. The entity's principal office add	iress is:	•		
17171 Park Row, Suite 310				
Street or Mailing Address				
Houston	TX	USA	77084	
City	State	Country	Postal or Zip Code	
Period of Duration				
☐ 7a. The period during which the with the secretary of state.	e assumed nar	me will be used is 10	years from the date of filing	
OR  7b. The period during which the with the secretary of state (not to e)			years from the date of filing	
OR	•		•	

7c. The assumed name will be used until

mm/dd/yyyy

## County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:
All counties
All counties with the exception of the following counties:
Only the following counties: Harris
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.
Date: $12-19-2018$

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)