

Form 204**(Revised 12/21)**

Submit in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
[Instructions](#)
Filing Fee: \$750



This space reserved for office use.

**Certificate of Formation
 Professional Association**

Article 1 – Entity Name and Type

The filing entity being formed is a professional association. The name of the entity is:

The name must contain the word “associated,” “associates,” “association,” “professional association” or an abbreviation of one of these terms.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

*First Name**M.I.**Last Name**Suffix*

C. The business address of the registered agent and the registered office address is:

*Street Address**City**TX**State**Zip Code*

Article 3 – Governing Persons

Select either A or B. (A minimum of 1 individual is required.)

A. The professional association is to be managed by a board of directors. The names and addresses of the members who are to serve as initial directors are set forth below:

OR

B. The professional association is to be managed by an executive committee. The names and addresses of the members who are to serve on the executive committee are set forth below:

*First Name**M.I.**Last Name**Suffix**Street or Mailing Address**City**State**Zip Code**Country*

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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Article 4 – Purpose

(Certain restrictions and limitations apply. See instructions.)

The type of professional service to be provided by the professional entity is:

Initial Mailing Address

(Provide the mailing address to which state franchise tax correspondence should be sent.)

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Original Members

(Each member listed must sign the certificate of formation.)

The name and address of each original member of the association is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
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Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned also affirms that, to the best knowledge of the undersigned, the name provided as the name of the filing entity does not falsely imply an affiliation with a governmental entity. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: _____

Signature of original member

Printed or typed name of original member

Signature of original member

Printed or typed name of original member

Signature of original member

Printed or typed name of original member