

**Form 304**  
**(Revised 05/11)**  
Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
[Instructions](#)  
**Filing Fee: \$750**



This space reserved for office use.

**Application for  
Registration  
of a Foreign Limited  
Liability Company**

1. The entity is a foreign limited liability company. The name of the entity is:

*Provide the full legal name of the entity as stated in the entity's formation document in its jurisdiction of formation.*

2A. The name of the entity in its jurisdiction of formation does not contain the word "limited liability company" or "limited company" (or an abbreviation thereof). The name of the entity with the word or abbreviation that it elects to add for use in Texas is:

2B. The entity name is not available in Texas. The assumed name under which the entity will qualify and transact business in Texas is:

*The assumed name must include an acceptable organizational identifier or an accepted abbreviation of one of these terms.*

3. Its federal employer identification number is: \_\_\_\_\_

Federal employer identification number information is not available at this time.

4. It is organized under the laws of: (set forth state or foreign country) \_\_\_\_\_

and the date of its formation in that jurisdiction is: \_\_\_\_\_  
*mm/dd/yyyy*

5. As of the date of filing, the undersigned certifies that the foreign limited liability company currently exists as a valid limited liability company under the laws of the jurisdiction of its formation.

6. The purpose or purposes of the limited liability company that it proposes to pursue in the transaction of business in Texas are set forth below.

The entity also certifies that it is authorized to pursue such stated purpose or purposes in the state or country under which it is organized.

7. The date on which the foreign entity intends to transact business in Texas, or the date on which the foreign entity first transacted business in Texas is: \_\_\_\_\_

*mm/dd/yyyy* *Late fees may apply (see instructions).*

8. The principal office address of the limited liability company is:

\_\_\_\_\_  
*Address* *City* *State* *Country* *Zip/Postal Code*

Complete item 9A or 9B, but not both. Complete item 9C.

9A. The registered agent is an organization (cannot be entity named above) by the name of:

**OR**

9B. The registered agent is an individual resident of the state whose name is:

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

9C. The business address of the registered agent and the registered office address is:

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

10. The entity hereby appoints the Secretary of State of Texas as its agent for service of process under the circumstances set forth in section 5.251 of the Texas Business Organizations Code.

11. The name and address of each governing person is:

|  |                   |             |                  |                |                 |
|--|-------------------|-------------|------------------|----------------|-----------------|
| <b>NAME AND ADDRESS OF GOVERNING PERSON</b> (Enter the name of either an individual or an organization, but not both.) |                   |             |                  |                |                 |
| <b>IF INDIVIDUAL</b>   |                   |             |                  |                |                 |
| <b>OR</b>  | _____             | _____       | _____            | _____          |                 |
|  | <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i>  |                 |
| <b>IF ORGANIZATION</b>   |                   |             |                  |                |                 |
| _____  |                   |             |                  |                |                 |
| <i>Organization Name</i>   |                   |             |                  |                |                 |
| _____  |                   | _____       | _____            | _____          | _____           |
| <i>Street or Mailing Address</i>   |                   | <i>City</i> | <i>State</i>     | <i>Country</i> | <i>Zip Code</i> |

|  |                   |             |                  |                |                 |
|--|-------------------|-------------|------------------|----------------|-----------------|
| <b>NAME AND ADDRESS OF GOVERNING PERSON</b> (Enter the name of either an individual or an organization, but not both.) |                   |             |                  |                |                 |
| <b>IF INDIVIDUAL</b>   |                   |             |                  |                |                 |
| <b>OR</b>  | _____             | _____       | _____            | _____          |                 |
|  | <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i>  |                 |
| <b>IF ORGANIZATION</b>   |                   |             |                  |                |                 |
| _____  |                   |             |                  |                |                 |
| <i>Organization Name</i>   |                   |             |                  |                |                 |
| _____  |                   | _____       | _____            | _____          | _____           |
| <i>Street or Mailing Address</i>   |                   | <i>City</i> | <i>State</i>     | <i>Country</i> | <i>Zip Code</i> |

|  |                   |             |                  |                |                 |
|--|-------------------|-------------|------------------|----------------|-----------------|
| <b>NAME AND ADDRESS OF GOVERNING PERSON</b> (Enter the name of either an individual or an organization, but not both.) |                   |             |                  |                |                 |
| <b>IF INDIVIDUAL</b>   |                   |             |                  |                |                 |
| <b>OR</b>  | _____             | _____       | _____            | _____          |                 |
|  | <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i>  |                 |
| <b>IF ORGANIZATION</b>   |                   |             |                  |                |                 |
| _____  |                   |             |                  |                |                 |
| <i>Organization Name</i>   |                   |             |                  |                |                 |
| _____  |                   | _____       | _____            | _____          | _____           |
| <i>Street or Mailing Address</i>   |                   | <i>City</i> | <i>State</i>     | <i>Country</i> | <i>Zip Code</i> |

## Supplemental Provisions/Information

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

### 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 90<sup>th</sup> 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 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 under the provisions of law governing the entity to execute the filing instrument.

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

\_\_\_\_\_  
Signature of authorized person (see instructions)

\_\_\_\_\_  
Printed or typed name of authorized person.