

**Form 203****(Revised 12/21)**

Submit in duplicate to:  
 Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 512 463-5555  
[Instructions](#)  
**Filing Fee: \$300**



This space reserved for office use.

**Certificate of Formation  
Professional Corporation**

**Article 1 – Entity Name and Type**

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

The name must contain the word "corporation," "company," "incorporated," "limited," "professional corporation" 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:

TX

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

**Article 3 – Directors**

(A minimum of 1 director is required.)

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders' or until their successors are elected and qualified are as follows:

Director 1			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Country</i>			

Director 2				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Country</i>				

Director 3				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Country</i>				

#### **Article 4 – Authorized Shares**

(Provide the number of shares in the space below, then select option A or option B, do not select both.)

The total number of shares the corporation is authorized to issue is \_\_\_\_\_

A. The par value of each of the authorized shares is \_\_\_\_\_  
**OR**  
 B. The shares shall have no par value

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, the par value (or statement of no par value), and the preferences, limitations, and relative rights of each class in the space provided for supplemental information on this form.

#### **Article 5 – 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>
------------------------	-------------	--------------	-----------------	----------------

#### **Supplemental Provisions/Information**

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

--

## Organizer

The name and address of the organizer:

---

Name

---

Street or Mailing Address

City

State

Zip Code

### 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 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 organizer

---

Printed or typed name of organizer