

**Form 501****(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 Reservation  
or Renewal of Reservation  
of an Entity Name**

**Entity Name to be Reserved**

The name must contain an appropriate organizational designation for the type of entity for which the name is to be reserved.

New application       Renewal

If renewal, date and file number for reservation being renewed. Date: \_\_\_\_\_ File No. \_\_\_\_\_  
 dd/mm/yyyy

The undersigned applicant requests that the following entity name be reserved or renewed for a period of one hundred twenty (120) days:

\_\_\_\_\_

**Entity Type**

If the entity is a filing entity not indicated below, check the box for "other" and specify the entity type in the space provided.

The reservation of an entity name is to be used for the following type of entity (choose only one)

<input type="checkbox"/> Domestic For-profit Corporation	<input type="checkbox"/> Domestic Professional Corporation	<input type="checkbox"/> Foreign Limited Liability Co.
<input type="checkbox"/> Foreign For-profit Corporation	<input type="checkbox"/> Foreign Professional Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Domestic Limited Liability Co.	<input type="checkbox"/> Other _____

**Applicant Name**

(Choose and complete either A or B.)

A. The applicant is an organized entity by the name of:

**OR**

B. The applicant is an individual by the name of:

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

Street or Mailing Address	City	State	Country	Zip Code
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## 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 of applicant, applicant's attorney or agent