



Preview

# Hidalgo County

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Doc-2693403

### ASSUMED NAME CERTIFICATE

NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Title 4 Business and Commerce Code)

(PRINT OR TYPE / BLACK OR BLUE INK)

NAME OF BUSINESS: Absolute Business Consulting Group

BUSINESS ADDRESS: 5011 N. 10th St # 702581 McAllen TX 78504

IF INCORPORATED, NAME OF THE INCORPORATED BUSINESS: \_\_\_\_\_

IF INCORPORATED, THE STATE IN WHICH THE BUSINESS WAS INCORPORATED: \_\_\_\_\_

THE COUNTY OR COUNTIES WHERE BUSINESS IS TO BE CONDUCTED UNDER SUCH ASSUMED NAME IS/ARE: Hidalgo County, All

PERIOD (not to exceed ten years) DURING WHICH THE ASSUMED NAME WILL BE USED IS: 3/10/16 - 3/10/26

BUSINESS IS TO BE CONDUCTED AS (Check one):

Sole Proprietorship     Non-Profit     Professional Corporation     Limited Liability Corporation

General Partnership     Business Corporation     Real Estate Investment Trust     Other \_\_\_\_\_

I/We the undersigned, am/are the owner(s), and/or registered agent, authorized representative, or attorney-in-fact, of the above business and my/our name(s) and address(es) given is/are true and correct and there is/are no ownership(s) and/or registered agent, authorized representative, or attorney-in-fact whose name is required to be stated in the certificate not listed herein.

NAME/TITLE <small>(PRINT OR TYPE)</small>	<u>Karina Cardoza</u>	SIGNATURE <small>(PRINT OR TYPE)</small>	<u>Karina Cardoza</u>
ADDRESS <small>(NONE OR REGISTERED OFFICE)</small>	<u>6508 N. 26th St.</u>	<u>McAllen</u>	<u>TX</u> <u>78504</u>
NAME/TITLE <small>(PRINT OR TYPE)</small>	_____	SIGNATURE <small>(PRINT OR TYPE)</small>	_____
ADDRESS <small>(NONE OR REGISTERED OFFICE)</small>	_____	CITY	STATE ZIP CODE
NAME/TITLE <small>(PRINT OR TYPE)</small>	_____	SIGNATURE <small>(PRINT OR TYPE)</small>	_____
ADDRESS <small>(NONE OR REGISTERED OFFICE)</small>	_____	CITY	STATE ZIP CODE
NAME/TITLE <small>(PRINT OR TYPE)</small>	_____	SIGNATURE <small>(PRINT OR TYPE)</small>	_____
ADDRESS <small>(NONE OR REGISTERED OFFICE)</small>	_____	CITY	STATE ZIP CODE

THE STATE OF TEXAS  
COUNTY OF Hidalgo  
BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared Karina Cardoza

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that s/he/they executed the same for the purpose and consideration therein expressed.  
GIVEN UNDER MY HAND AND SEAL OF OFFICE, on March 10, 2016

(SEAL)



[Signature]  
Notary Public in and for the State of Texas

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# Real Property Records Search

Certification Date Range: 1/1/1753 to 7/10/2018  
2 of 2

ABSOLUTE BUSINESS CONSULTING

Doc:2693403

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Basic Word Search  Advanced Word and Image Text Search

### Search:

- All
- Names
- Legal
- Recorded Date
- Book/Vol/Page
- Doc#

### Document Groups:

- All
- REAL PROPERTY
- FINANCING STATEMENTS
- ABSTRACT OF JUDGMENTS
- ASSUMED NAME
- LIEN

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Items: 1 Export Results Add All to Cart Items per page

Grid Style:

Grantor	Grantee	Document Type	Recorded Date
CARDOZA KARINA	ABSOLUTE BUSINESS CONSULTING GROUP	ASSUMED NAME	3/10/2016

Parties	Legal Description	Marginal Ref
Grantor		

### ASSUMED NAME CERTIFICATE

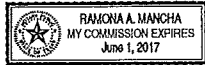
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CITY STATE ZIP CODE  
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NAME/TITLE	<u>Karina Cardoza</u>	SIGNATURE	<u>Karina Cardoza</u>
ADDRESS	<u>6508 N. 24th St.</u>	<u>McAllen</u>	<u>TX</u> <u>78504</u>
NAME/TITLE	_____	SIGNATURE	_____
ADDRESS	_____	_____	_____
NAME/TITLE	_____	SIGNATURE	_____
ADDRESS	_____	_____	_____
NAME/TITLE	_____	SIGNATURE	_____
ADDRESS	_____	_____	_____

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(SEAL)  
  
Ramona A. Mancha  
 Notary Public in and for the State of Texas

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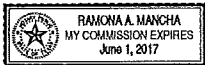
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NAME/TITLE <small>(PRINT OR TYPE)</small>	_____	SIGNATURE	_____
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