ORIGINAL FILED FOR RECORD

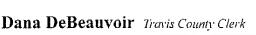


Recording, Elections, Computer Resources, Accounting, and Administration Divisions



TRV 2 PGS

2018016562



Mailing Address: P.O. Box 149325, Austin, Texas 78714-9325 Phone: (512) 854-9188

www.traviscountvelerk.org

5501 Airport Boulevard, Austin, Texas 78751 1000 Guadalupe, Austin, Texas 78701 Misdemeanor Records, Civil/Probate/Commissioners Court Minutes, and Records Management Divisions

ASSUMED NAME CERTIFICATE FOR INCORPORATED BUSINESS OR PROFESSION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, OR FOREIGN FILING ENTITY

A corporation, limited partnership, limited liability partnership, limited liability company, or foreign filing entity must file a certificate under this subchapter if the entity

- (1) regularly conducts business or renders professional services in this state under an assumed name; or
- (2) is required by law to use an assumed name in this state to conduct business or render professional services.

ASSUMED NAME under which the business or professional SPA SKATEPARKS	l service is or is to be condu-	cted (print clearly):
PHYSICAL ADDRESS OF BUSINESS (print clearly):		
Address: 1301 ORLANDO RD		
City: AUSTIN	State: TX	Zip Code: 78733
I hereby specify that this registrant is:		
A for-profit corporation, nonprofit corporation, professional	corporation, professional assoc	ciation, or other type of corporation.
A limited partnership, limited liability partnership, or limited	d liability company.	
Another type of incorporated business, professional or other	association, or legal entity, for	reign or domestic.
Registrant's name as stated in the registrant's certificate of formation of TRANSCEND INC		of the Secretary of State or other comparable document
State, country, or other jurisdiction under the laws of which th	e registrant was incorporate	
Period, not to exceed 10 years, during which the registrant wil	Il use the assumed name:	10 YRS
Street or mailing address of the registrant's principal office in		
County or counties in this state where the registrant is or will assumed name.	be conducting business or re	endering professional services under the
All Counties		
Only the following Counties:		
This certificate must be executed and acknowledged: (A) by each individual whose name is required to be stated in the (B) under oath on behalf of each person whose name is required representative or attorney-in-fact; or (2) a joint venturer, gen the person comparable to the person's representative or attorney include a statement that the attorney has been authorized in w	to be stated in the certificate a neral partner, trustee manager, ney-in-fact, A certificate execut	nd who is not an individual, by: (1) the person's officer, or other person having authority regarding ted and acknowledged by an attorney-in-fact must
Name YANN CURTIS	Signature U	1-/x:
Name	Signature	
Name	Signature	

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas ar	nd County of Travis:
Before me, the undersigned authority, on this day personally appeared:	Allun Curtis
known to me to be the person(s) whose name(s) is are subscribed to the foregoing instru	たきょう たっかい
same purpose and consideration therein expressed. Given under my hand and seal of of	fice, on February 5 2018
J. ANDREW RAMIREZ	
Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy	Seal of the Notary Public or Clerk of the Court, Deputy
	LINTOS SA
INFORMATION WHERE DOCUMENT SHOULD BE RETURNED (to be completed by applicant):	
In the spaces below, clearly print the name, address, city, state, and zip code	
where this document should be returned SPA SKATEPARKS	Sumo
1301 ORLANDO RD	TX DL
AUSTIN TX 78733	Form of identification presented:

FILED AND RECORDED

OFFICIAL PUBLIC RECORDS

Feb 05, 2018 09:46 AM

2018016562

RAMIREZA: \$26.00

Dana DeBeauvoir, County Clerk

Travis County TEXAS