

COUNTY OF LIVINGSTON
Office of the County Clerk
200 E. Grand River Ave
Howell, MI 48843
(517) 546-0500

File Number:
Date Filed:
Date Expires:

CERTIFICATE OF COPARTNERSHIP
ORIGINAL

We the undersigned do hereby certify pursuant to Act 164 of 1913, as amended, that we now intend to carry on a business as copartners, in the County of Livingston, State of Michigan, under the firm name and style set forth below:

- 1. Name of Business:
- 2. Physical Address of Business:
- 3. Name and Residential Address of each Copartner:

Name Residential Address (Street, City, State, Zip)

4. SIGNATURES OF COPARTNERS:

(Signature) _____ (Signature) _____
(Signature) _____ (Signature) _____

On this _____ day of _____, 20____, before me personally appeared _____ who, being duly sworn says they are a member of the copartnership above mentioned; that they together with the other above mentioned members of said copartnership, did execute said instrument for the purpose therein mentioned and that the statements contained in said instrument are true.

(Certifying Partner Signature) _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } § Subscribed and sworn to before me on _____, 20____ by the person listed above.

_____ Print notary's name

_____ Notary Public, State of Michigan, County of Livingston

My commission expires: _____

Acting in the County of: _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } §

I, **ELIZABETH HUNDLEY**, Clerk of the County of Livingston and of the Circuit Court thereof, do hereby certify that I have compared the within copy of Certificate with the original on record in my office, and that the above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, 20____.

ELIZABETH HUNDLEY, Livingston County Clerk

By: _____
Deputy Clerk



Note: This Certificate expires five (5) years from the date of filing. This office must be notified of any changes to your business address, if any persons listed above change, and/or if the business is discontinued

Name of Business:

File Number: