

CERTIFICATE OF CO-PARTNERSHIP

Meredith Place | KALAMAZOO COUNTY CLERK & REGISTER OF DEEDS

PHONE: (269) 383-8840 | EMAIL: DBACPFILING@KALCOUNTY.GOV | \$22.00 FILING FEE

THE UNDERSIGNED hereby certifies, under the provisions of MCL 449.101 et seq, we, the undersigned, hereby certify that we now or intend to carry on a business in the County of Kalamazoo, State of Michigan, as Co-Partners under the firm name as set forth below:

☐ Original ☐ Renewal

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ STATE _____ ZIP _____

MAILING ADDRESS (if different): _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ PHONE: _____

Length of Time the Partnership is to Continue: We, the undersigned, certify that there is no limit to the length of time the partnership is to continue unless a date is stated here: _____. If a date is stated, the partnership shall discontinue after that date. Please note that this certificate expires on the date stated below irrespective of this section.

Name of Person(s)	Address (Street, City, State, Zip)	Signature (Acknowledged before a Notary Public)

Subscribed and sworn to by _____ before me on _____.

Deputy Clerk / Notary Public Signature

Print Name: _____

State of Michigan, County of _____

My Commission Expires: _____

Acting in the County of: _____

DO NOT WRITE BENEATH THIS LINE

CERTIFICATE EXPIRES: _____ 20____ (5 years minus 1 day from filing date)

State of Michigan, County of Kalamazoo} ss

I, **Meredith Place**, Clerk of the County of Kalamazoo and of the Circuit Court thereof, do hereby certify that I have compared the above copy with the original of record filed in my Office, and that it is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and have affixed the seal of said Circuit Court on _____,

Meredith Place, Kalamazoo County Clerk

By: _____ Deputy County Clerk