BRANCH COUNTY CERTIFICATE OF CO-PARTNERSHIP - NEW

STATE OF MICHIGAN}
COUNTY OF BRANCH} ss.

FILING FEE: $16.00
EXPIRATION: _____

THIS CERTIFIES THAT we, whose names are signed hereunder in full, are joined in co-partnership as indicated below:

1. **NAME OF CO-PARTNERSHIP** _____

2. **ADDRESS OF CO-PARTNERSHIP** _____

3. **MAILING ADDRESS** _____
(if different)

4. TYPE OF BUSINESS_____

5. **PRINTED NAMES OF CO-PARTNERS**, and home address of each:

NAME OF PERSON ADDRESS (Street, City, State)

_____

_____

_____

_____

6. **SIGNATURES OF ALL PERSONS LISTED ABOVE**: **Date signed** _____

_____ _____

_____ _____

STATE OF MICHIGAN }
}ss.
COUNTY OF BRANCH }

I, _____ one of the co-partners of said firm do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner as above written is true and correct.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary _____

Printed Name of Notary _____

My Commission expires: _____ Acting in _____ County.

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

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STATE OF MICHIGAN }
} ss.
COUNTY OF BRANCH }

I, TERESA KUBASIAK, Clerk of the County of Branch and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate of Co-Partnership now remaining in my office, and the same is a true and correct copy thereof and of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, 20_____.

TERESA KUBASIAK, Branch County Clerk

By _____ Deputy Clerk

Note: This certificate is valid for 5 years from the date of filing. If you discontinue your business or the persons listed as owners of said business you must file a Notice of Dissolution with this office. You may then re-file a Certificate of Co-Partnership listing the new owners.