

Diana Bosworth

Eaton County Clerk/Register
1045 Independence Blvd., Charlotte MI 48813
(517)543-2426 – Fax (517) 541-0666
Countyclerk@eatoncounty.org

Filed Date: _____
Expiration Date: _____

CERTIFICATE OF CO-PARTNERSHIP

We the undersigned, hereby certify that we joined in co-partnership in the County of Eaton, State of Michigan, under the business name stated below:

FILING FEE...\$10.00

This is an Original ____ or a Renewal ____ certificate.

NAME OF BUSINESS (PLEASE PRINT)	PHONE		
PRINCIPAL PHYSICAL ADDRESS OF BUSINESS	CITY	STATE	ZIP
NAME OF CITY, TOWNSHIP OR VILLAGE	NATURE/KIND OF BUSINESS		

FULL LEGAL NAME(S) OF CO-PARTNERS and residence addresses of each.

NAME (PLEASE PRINT)	HOME ADDRESS:
NAME	HOME ADDRESS:
NAME	HOME ADDRESS:
NAME	HOME ADDRESS:

SIGNATURE:	SIGNATURE:
SIGNATURE:	SIGNATURE:

I, _____, one of the of the co-partners of the above named firm, certify that all co-partners of said firm have correctly stated their full legal names and scribed their respective full legal names.

Certifying Partner Signature: _____

STATE OF MICHIGAN
COUNTY OF EATON

Subscribed and sworn before me this ____ day of _____ 20__

by _____

Notary Signature: _____

Print Name _____ Notary Public, _____ County, MI
Acting in _____ County, Michigan. My commission expires: _____

STATE OF MICHIGAN
COUNTY OF EATON

I, DIANA BOSWORTH, CLERK/REGISTER OF EATON COUNTY, thereof do hereby certify that I have compared the within copy of Co-Partnership Certificate with the original record filed in my office and the same is true and correct copy thereof and of the whole of such certificate. In testimony Whereof, I have hereunto set my hand and affixed the seal of Eaton County, this ____ day of _____ 20__.

By: _____ Deputy County Clerk
DIANA BOSWORTH, EATON COUNTY CLERK/REGISTER

Expires: _____

Certificate of Co-Partnership

Persons Conducting Business Under
a Co-Partnership

NAME OF BUSINESS

Filed by: _____
