

CO-PARTNERSHIP INSTRUCTIONS

The filing fee for a Co-Partnership Certificate is \$10.00. Make the check or money order payable to 'Oakland County Clerk'.

*****Must use black ink to print or type the information on the form.*****

1. Enter the name of the business that is being registered on the line that says "under the firm name of _____". (The words INC., Incorporated or Corporation or any form of the word(s) meaning Corporation may NOT be used.)
2. A brief description is required on the "description of business" line. Example: If registering a consulting company, include what kind of consulting.
3. Enter the business address on the line provided. A P.O. Box may be used only if the street address is included. Be sure to include zip codes for both addresses.
4. Print or type all names and addresses of the partners. Be sure to include all zip codes.
5. Date the form. All parties involved must sign the form. **At least one party must sign before a notary public.** The notary public must sign, date and stamp or type their name as well as their expiration date. (A notary public is available at the Oakland County Clerk's Office.)
6. DO NOT ENTER THE DATE THE CERTIFICATE EXPIRES.
7. Mail the certificate along with \$10.00 made payable in check or money order to:

Oakland County Clerk's Office
Attn: Vital Records
1200 N. Telegraph Dept. 413
Pontiac, MI 48341-0413

If you have additional questions, contact us at 248-858-0568.

Certificate of Co-Partnership

STATE OF MICHIGAN
COUNTY OF OAKLAND

We, the undersigned, do hereby certify in pursuance of Act 138, P.A. 1955, now intend to carry on a business in the County of Oakland, State of Michigan, as Co-Partners under the firm name of _____

with description of business _____.

Business address _____ Zip _____

And we do further certify that the full names of the persons composing said Co-Partnership together with the residence addresses of said persons are as follows:

NAME	RESIDENCE ADDRESS	CITY/TOWNSHIP/VILLAGE	ZIP

In Witness Whereof, we/I have this _____ day of _____, A.D. 20____ made and signed this certificate.

SIGNATURES OF ALL PERSONS LISTED ABOVE:

THIS CERTIFICATE EXPIRES

STATE OF MICHIGAN
COUNTY OF OAKLAND

On this _____ day of _____, A.D. 20____ before me, a Notary Public, personally appeared _____ who being duly sworn, deposes and says that ___he___ is the person(s) heretofore conducting said business and that ___he___ executed the foregoing certificate.

Notary Public, _____ County, Michigan

My commission expires _____

STATE OF MICHIGAN
COUNTY OF OAKLAND

I, BILL BULLARD JR., County Clerk/Register of Deeds, do hereby certify that I have compared the foregoing certificate with the original and that it is a true and correct copy of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court of said County of Oakland, at Pontiac, this _____ day of _____, A.D. 20____.

BILL BULLARD JR., County Clerk/Register of Deeds

By: _____
Deputy Clerk