

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'.

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

1. Enter the name of the city, village or township the where business is located.
2. Enter the name of the business that is being registered on the line that says "under the firm name and style of _____". (The words INC., Incorporated or Corporation or any form of the word(s) meaning Corporation may NOT be used.)
3. A brief description is required on the "Description of Business" line. Example: If registering a consulting company, include what kind of consulting.
4. 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.
5. Print or type all names and addresses of the partners. Be sure to include all zip codes.
6. 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.)
7. DO NOT ENTER THE DATE THE CERTIFICATE EXPIRES.
8. 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

No. _____

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss.

We, the undersigned, do hereby certify in pursuance of Act 138, P.A. 1955, that we now intend to carry on a business, in the _____ of State of Michigan, as Co-Partners under the firm name and style of _____
City/Township

with Description of Business _____
Business Address _____ Zip _____

And we do further certify that the full names of the persons composing said partnership together with the Post Office addresses of said persons are as follows, viz.:

NAME	RESIDENCE ADDRESS	CITY OR VILLAGE	ZIP

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

THIS CERTIFICATE EXPIRES _____

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss.

On this _____ day of _____, before me personally appeared _____ who being duly sworn, depose(s) and say(s) that ___he___ is a member of the Co-Partnership above mentioned; that ___he___, together with the other above mentioned members of said Co-Partnership, did execute said instrument for the purposes therein mentioned and that the statements contained in said instrument are true.

Notary Public, Oakland County, Michigan
My commission expires _____

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss.

I, RUTH JOHNSON, County Clerk-Register of Deeds, do hereby certify that I have compared the foregoing copy of Certificate of Registration with the original and that it is a true and correct transcript therefrom, and of the whole of such original Certificate of Registration.

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. _____.

RUTH JOHNSON, County Clerk-Register of Deeds
By: _____
Deputy Clerk