

CERTIFIED BUSINESS REGISTRATION

OFFICE of the WAYNE COUNTY CLERK

Cathy M. Garrett

THIS CERTIFICATE EXPIRES _____

New: ☐ Renewal: ☐ Amended: ☐

DBA File Number _____

THE UNDERSIGNED hereby certifies, under the provisions of MCLA 445.1 - 445.5, as amended that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct or transact, a business, or maintain an office or place of business, in the Charter County of Wayne, State of Michigan, under the name, designated or style set forth below:

Name of Business: _____

Address of Business: _____ Township/City: _____
(Street, City, State, Zip)

Mailing Address if different: _____

Email Address: _____ Phone: _____

ASSUMED NAME: ☐ **OR** **CO-PARTNERSHIP:** ☐**PARTNERSHIP CERTIFICATE:** The Undersigned hereby certify under the provisions of MCLA 449.101 - 449.106, as amended,

that: (a) The Business mentioned herein (Insert "IS" or "IS NOT") _____ a Partnership.

(b) Length of time General Partnership is to continue (insert *either* the Term agreed on by the Partners *or* the statement "not limited") _____

And _____ do further certify that the true and real full names of the persons who now own (or) intend to own, conduct and transact the same, together with
(We or I)
the residence address(es) of each of the said persons are as follows:

NAME OF PERSON(S)RESIDENCE (Street, City, State, Zip)

(Print) _____

(Print) _____

(Print) _____

(Print) _____

(Print) _____

In Witness Whereof, We/I have this date of _____ made and signed this _____ (Signature) _____
certificate. **SIGNATURES OF ALL PERSONS LISTED ABOVE:***Acknowledged before a Notary Public*

(Signature) _____

(Signature) _____

(Signature) _____

(Signature) _____

STATE OF MICHIGAN,
CHARTER COUNTY OF } ^{ss}Acknowledged by _____ before me
(applicant name or names)

Signature of Notary _____ County of _____ Name of Notary _____

(printed)

My commission expires _____ Acting in County of _____

STATE OF MICHIGAN,
CHARTER COUNTY OF WAYNE } ^{ss}

I, **CATHY M. GARRETT**, Clerk of the Charter County of Wayne, 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 official seal of said Charter County of Wayne, at the City of Detroit,

this _____ day of _____ A.D. 20 _____

Cathy M. Garrett, Wayne County Clerk_____
Deputy Clerk

Note: This certificate must be renewed within five (5) years from date. If you change your place of business you must file a change of address with this office. If you change the personnel above listed you must file a Notice of Discontinuance and a new Certificate of Persons Conducting Business Under Assumed Name with this office. If you discontinue your business you must file a Notice of Discontinuance with this office.

Version 4/2017