

Renewal Number New

25173

This form is available from
Target Information Management, Inc.
(517) 337-1211

Form #C-45

CERTIFICATE OF PERSONS CONDUCTING BUSINESS
UNDER ASSUMED NAME - ACT NO. 151, P.A. 1949

STATE OF MICHIGAN }
COUNTY OF MONROE } SS. I _____, the undersigned, whose name(s) I _____ signed in full
(We or I) (We or I)
below, do hereby certify, in pursuance with Act No. 151, P.A. 1949, as amended, for the State of Michigan, that I _____
(We or I)
the undersigned *now own (or) intend to own, conduct and transact business at _____
1818 N. MONROE STREET, MONROE, MICH 48162

County of MONROE, Michigan, Zip 48162 under the assumed name, designation and
style of MONROE COUNTY FLORIST

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

PRINT OR TYPE NAMES AND ADDRESSES			
NAME	STREET ADDRESS	CITY OR TOWN	ZIP
EDWARD JOSEPH ZUBKOFF, JR.,	14249 S. TELEGRAPH ROAD,	LASALLE, MI	48145 (dl)

In Witness Whereof, I _____ have this 10TH day of AUGUST
2010, made and signed this certificate.
(Year)

THIS CERTIFICATE EXPIRES AUGUST 9, 2015

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME (Year)
x Edward J. Zubkoff, Jr.

STATE OF MICHIGAN }
COUNTY OF MONROE } SS. On this 10TH day of AUGUST, 2010
(Year)

before me, a Notary Public, personally appeared the above named person or persons, whose signatures appear above, and
who executed the foregoing instrument, and he acknowledged to me that he executed the
same, and that they are all of the persons owning, conducting and transacting or who intend to own, conduct and transact the
business under the above name, style and designation.

Subscribed and sworn before me on AUGUST 10, 2010, Monroe County, Michigan.

My commission expires: NOV. 29, 2012 Signature: Nancy Sue Chalupka
(Date) (Date)

Notary public, State of Michigan, County of MONROE

STATE OF MICHIGAN }
COUNTY OF MONROE } SS.

Clerk of the County aforesaid and Clerk of the Circuit Court for said County, do hereby certify that I have compared the
within copy of Certificate setting forth the full names of the persons owning, conducting or transacting business under the
name of MONROE COUNTY FLORIST

together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in
my office, and that it is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of
filing.

In Testimony Whereof, I have hereunto set my hand and
affixed the seal of said Circuit Court, this 10TH

day of AUGUST, 2010 (Year)

Sharon D. Simonsen
County Clerk

Nancy Chalupka, and
Deputy Clerk

* Strike out the words that are not applicable to the case

Initials NC OK'D BY Sharon

NOTE: This Certificate must be renewed within five (5) years from date. If you change your place of business you must
notify this office. If you change the personnel above listed you must file Notice of Dissolution and a new Certificate with this
office. If you discontinue your business you must file Notice of Dissolution with this office.