## **BUSINESS CERTIFICATE FOR PARTNERS**

	(name of business)	
at		, County of Delaware
<u> </u>	(business address)	, county or beloware
And do further certify that the ful transacting such partnership, and		
Names (specify age if under 18)	Addresses	Email
<b>We do further certify</b> that we are	the successors in interest to _	
the person or persons heretofore business.	using such name or names to	carry on or conduct or transact
In Witness Whereof,	we have signed this certificate	
		(date)
(signature)		(signature)
(signature)		 (signature)
State of New York County of Delaware		
On the day of, 20	, before me, the undersigned, perso	onally appeared
the within instrument and acknowledged to r	me that he/she/they executed the same	he individual(s) whose name(s) is (are) subscribed in his/her/their capacity(ies), and that his/her/th
signature(s) on the instrument, the individual	(3) acted, excedted the motivament.	
signature(s) on the instrument, the individual  Affix seal/stamp	(a) acteu, executed the manament.	