Office of the Minnesota Secretary of State

Certificate of Assumed Name

Minnesota Statutes, Chapter 333

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

ASSUMED NAME:

ALICE CENICEROS

PRINCIPAL PLACE OF BUSINESS: NAC: 560FQ NN31W In care of: 2910 S. Archibald Ave., #A645 Ontario State of California 91761 The United States of America

NAMEHOLDER(S):

Name:

Ceniceros, Alice

Address:

CERTIFIED COPY

NAC: 560FQ NN31W In care of: 2910 S. Archibald Ave., #A645 Ontario State of California 91761 The United States of America

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

SIGNED BY: Ceniceros, Alice

MAILING ADDRESS: None Provided

EMAIL FOR OFFICIAL NOTICES: agent@fibonnacci1123.com



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Oteve Dimm

Steve Simon Secretary of State