

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: **SUZETTE MARIE GALYEAN**

PRINCIPAL PLACE OF BUSINESS: **care of Solomons Island Road Prince Frederick Maryland 00000 USA**

APPLICANT(S):

Name:	Address:
GALYEAN SUZETTE MARIE	care of Solomons Island Road Prince Frederick Maryland 00000 USA
GALYEAN SUZETTE M	care of Solomons Island Road Prince Frederick Maryland 00000 USA
SUZETTE GALYEAN	care of Solomons Island Road Prince Frederick Maryland 00000 USA
SUZETTE M GALYEAN	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Galyean, Suzette	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Suzette Galyean	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Suzette M Galyean, Bene	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Galyean, Suzette- M	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Galyean, Suzette- Marie	care of Solomons Island Road Prince Frederick Maryland 00000 USA
: Suzette- Marie: Galyean., Authorized Representative	care of Solomons Island Road Prince Frederick Maryland 00000 USA
Suzette- M: Galyean	care of Solomons Island Road Prince Frederick Maryland 00000 USA
GALYEAN SUZETTE	care of Solomons Island Road Prince Frederick Maryland 00000 USA

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: : Suzette-Marie:Galyean, Authorized Representative

MAILING ADDRESS: None Provided

EMAIL FOR OFFICIAL NOTICES: cloakedinc@gmail.com



Work Item 1556992900023
Original File Number 1556992900023

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
04/18/2025 11:59 PM

A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive, flowing style.

Steve Simon
Secretary of State