



Feb 01 1:53 PM

Congratulations Your notice has been approved and posted and your link is now active below you will find your link that is valid for 30 days after that your notice will be time stamped and archived. If you would like to extend the duration of your post please donate another \$20 per 30 day increments.

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“Cottrell, Jowan’s notice” and then your link

your link 

<https://publicnotice.world/jowan-k-cottrel>

If you have any questions or concerns or need any assistance please don’t hesitate to reach out thank you for choosing publicnotice.world your place to post and SAVE

Warm Regards,

*JOWAN K
COTTRELL*

Certificate of Assumed Name:
Minnesota Statutes, Chapter 333;
ASSUMED NAME: JOWAN K COTTRELL;
registered at the Office of Minnesota
Secretary of State;
Work Item 14509646000022;
Original File Number 14509646000022;
FILED 01/25/2024 11:59PM;
Executor/Beneficiary/Nameholder:
Cottrell, Jowan-KaVee: ;
Active/In Good Standing.

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: **JOWAN K COTTRELL**

PRINCIPAL PLACE OF BUSINESS: **C/O 2819 4TH ST MONTGOMERY ALABAMA 36108 United States of America.**

NAMEHOLDER(S):

Name:

Cottrell, Jowan-KaVee:

Address:

**c/o 2819 Fourth street Montgomery Alabama
[36108] united State 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: **By: Cottrell, Jowan-KaVee: Holder**

MAILING ADDRESS: **None Provided**

EMAIL FOR OFFICIAL NOTICES: **jowancottrell@gmail.com**



Work Item 1450964600022
Original File Number 1450964600022

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
01/25/2024 11:59 PM

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State

Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
01/25/2024	Original Filing - Assumed Name	1450964600022

This certificate has been issued on: 01/25/2024



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota