



Kim ▾



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Feb 29 11:32 PM

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<https://publicnotice.world/kimberly-anne-valente>

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Warm Regards,

# 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: **KIMBERLY ANNE VALENTE**

PRINCIPAL PLACE OF BUSINESS: **Care of, PO BOX 613 Hammonton New Jersey 00000 USA**

NAMEHOLDER(S):

Name:	Address:
<b>VALENTE, KIMBERLY ANNE</b>	<b>Care of PO BOX 613 Care of 236 Park Ave Hammonton New Jersey 00000 USA</b>
<b>Kimberly Anne Valente</b>	<b>Care of PO BOX 613 Care of 236 Park Ave Hammonton New Jersey 00000 USA</b>
<b>VALENTE ANNE KIMBERLY</b>	<b>Care of 236 Park Ave Care of PO BOX 613 Hammonton New Jersey 00000 USA</b>
<b>:Kimberly- Anne: Valente., Authorized Representative</b>	<b>Care of 236 Park Ave Care of PO Box 613 Hammonton New Jersey 00000 USA</b>
<b>Valente, Kimberly Anne</b>	<b>Care of 236 Park Ave Care of PO Box 613 Hammonton New Jersey 00000 USA</b>
<b>VALENTE, KIMBERLY A.</b>	<b>Care of PO BOX 613 Care of 236 Park Ave Hammonton New Jersey 00000 USA</b>

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: **:Kimberly-Anne:Valente., Authorized Representative**

MAILING ADDRESS: **None Provided**

EMAIL FOR OFFICIAL NOTICES: **kvalente777@aol.com**



**Work Item 1443379300022**  
**Original File Number 1373760200023**

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

*Steve Simon*

Steve Simon  
Secretary of State