

Office of the Minnesota Secretary of State

Assumed Name | Certificate of Assumed Name

Minnesota Statutes, Chapter 333



Read the instructions before completing this form.

Filing Fee: \$50 for expedited service in-person and online filings, \$30 if submitted by mail

Note: An Annual Renewal is required to be filed once every calendar year, beginning in the calendar year following the original filing with the Secretary of State.

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 consumers to be able to identify the true owner of a business.

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. List the exact assumed name under which the business is or will be conducted: (Required)

Good Flippin Vibes LLC

2. Principal Place of Business: (Required)

261 5th Street East #505

St. Paul

MN

55101

Street Address (*A PO Box by itself is not acceptable*)

City

State

Zip

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address: (Required)

Note: A PO Box by itself is not acceptable. Attach additional sheet(s) if necessary.

Brett Weaver

261 5th Street East #505

St. Paul

MN

55101

Name

Street

City

State

Zip

Name

Street

City

State

Zip

Name

Street

City

State

Zip

4. 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.

Brett Weaver

Brett Weaver

9/13/2024

Signature (*Only one Applicant or an Authorized Agent is required to sign*)

Date

Brett Weaver

Print Name and Title

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

brett.l.weaver@gmail.com

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

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List a name and daytime phone number of a person who can be contacted about this form:

Brett Weaver

612-562-5002

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. **Again, this survey is voluntary and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- ☒ 0-5
- ☐ 6-50
- ☐ 51-200
- ☐ 201-500
- ☐ Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- ☐ Woman
- ☐ Member of a community of color
- ☐ Veteran
- ☒ Member of a disability community
- ☐ Member of an immigrant community

3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
- ☐ Mining (Code 21)
- ☐ Utilities (Code 22)
- ☐ Construction (Code 23)
- ☐ Manufacturing (Codes 31-33)
- ☐ Wholesale Trade (Code 42)
- ☒ Retail Trade (Codes 44-45)
- ☐ Transportation and Warehousing (Codes 48-49)
- ☐ Information (Code 51)
- ☐ Finance and Insurance (Code 52)
- ☐ Real Estate Rental and Leasing (Code 53)
- ☐ Professional, Scientific, and Technical Services (Code 54)
- ☐ Management of Companies and Enterprises (Code 55)
- ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
- ☐ Educational Services (Code 61)
- ☐ Health Care and Social Assistance (Code 62)
- ☐ Arts, Entertainment, and Recreation (Code 71)
- ☐ Accommodation and Food Services (Code 72)
- ☐ Other Services (except Public Administration) (Code 81)
- ☐ Public Administration (Code 92)

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4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☐ Full time
- ☒ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☒ \$0 - \$10,000
- ☐ \$10,001 - \$50,000
- ☐ \$50,001 - \$250,000
- ☐ \$250,001 - \$1M
- ☐ Over \$1M

INSTRUCTIONS

File your business document online by visiting our website at www.sos.mn.gov.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

State law requires that this Certificate of Assumed Name be filed and published prior to the conduct of any business. Licensing and regulatory boards as well as private vendors and banks often require proof of the filing of this Certificate before issuing licenses, permits or entering into business relationships with the business.

WHO MUST FILE:

1. Any person conducting business under a name which is not their true full name (first and last name) must file. (Example: "John Smith Painting" need not file, however, "Smith Painting" would be required to file.)
2. A corporation, limited partnership or limited liability company conducting business under a name other than the legal name, must file (Example: Legal name; "St. Paul Painting Contractors, Inc.", Assumed Name; "St. Paul Painting".)
3. A partnership must file if the name of the partnership does not include the true full name of each partner.

After filing, the Certificate of Assumed Name must be published for two consecutive issues in the legal notices section of a qualified legal newspaper in the county where the principal place of business is located. Contact a legal newspaper in the county where the principal place of business is located for further instructions on publication. After publication, the newspaper will return an affidavit of publication and the newspaper ad which should be retained by the Assumed Name Applicant with the Certificate of Assumed Name. Failure to publish may render the Certificate of Assumed Name invalid.

Any changes due to a change of business name, address, ownership, or owner's address, require the filing of a Certificate of Amended Assumed Name form. The Certificate of **Amended** Assumed Name form must be filed within 60 days after any change has occurred and must be published as described in paragraph 6 above.

1. List the exact business name. Only one business name may be filed per form. Assumed names that duplicate corporate, limited partnership, limited liability partnership, limited liability company names or trademarks already on file cannot be accepted for filing. A preliminary name availability check may be done by accessing our website at www.sos.mn.gov. Note: You may only use corporate or other business entity designations if the business owner is a corporation or other business entity already entitled to use that designation.
2. Provide a complete street address or rural route and rural route box number of the principal place of business. A Minnesota address is preferable whenever available, but an out of state address is acceptable. A post office box by itself cannot be accepted as the address of the principal place of business.
3. List name and complete street address of all persons conducting business under the assumed name. If the business owner is a business organization such as a corporation, limited liability company, or limited partnership doing business under an assumed name, the legal name and registered office address is required.
4. A signature of one Applicant listed or an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) is required. Include the date, printed name of the person signing, and the title of the signer.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

Minnesota Business Snapshot. This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

Filing Fee: \$50 for expedited service in-person and online filings, \$30 if submitted by mail
Payable to the MN Secretary of State

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services

First National Bank Building

332 Minnesota Street, Suite N201

Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

Reporting Business Ownership Information

The Corporate Transparency Act (CTA) goes into effect on **January 1, 2024**. The CTA requires many entities created in or registered to do business in the United States to report information about their beneficial owners to the Financial Crimes Enforcement Network (FinCEN). Go to fincen.gov/boi to determine if the CTA applies to your organization, what information you need to file, and when you need to file it.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.