

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 539-1631

IN THE MATTER OF THE REGISTRATION OF:  
AMERICARE AND AMLI CARE F/A  
By HHCI, LLC.

ORDER OF  
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.  
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements  
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be  
declared effective as of the date set forth below.



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JESSICA LOOMAN  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 280  
St Paul, MN 55101

Date: December 5, 2018  
dlw

## UNIFORM FRANCHISE REGISTRATION APPLICATION

File No.

State: Minnesota

Fee: \$400

F8737

APPLICATION FOR (Check only one):

 INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES RENEWAL APPLICATION OR ANNUAL REPORT PRE-EFFECTIVE AMENDMENT POST-EFFECTIVE MATERIAL AMENDMENT

2 9/13 dk

State of Minnesota  
Dept of Commerce

SEP 12 2018

Rec'd \$ 400

1. Full legal name of Franchisor:  
HHCI, LLC.
2. Name of the franchise offering:  
AmeriCare and AMLI Care
3. Franchisor's principal business address:  
400 Interstate North Parkway, Suite 530  
Atlanta, GA 30329
4. Name and address of Franchisor's agent in this State authorized to receive service of process:  
Minnesota Commissioner of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, Minnesota 55101-2198
5. The states in which this application is or will be shortly on file:  
California, Illinois, Maryland and Minnesota
6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:  
E. Thomas Branch Jr.  
2970 Clairmont Road, Suite 575  
Atlanta, Georgia 30329  
(404) 892-8917 (t)  
(404) 892-8560 (f)  
tombranch@mindspring.com

Eff 12/05/18  
FYE 12/31/18  
N

### CERTIFICATION

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of February 18, 2018 attached as an exhibit, and that all material facts stated in all of those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor, and that I do so upon my personal knowledge.

Signed at Atlanta, Georgia, on September 7, 2018.

FRANCHISOR:

HHCI, LLC.

By: 

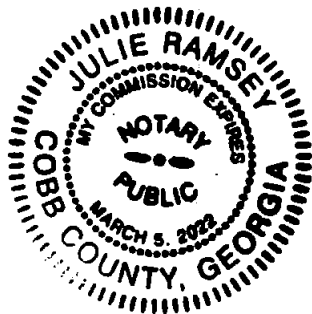
Name: Richard Houden

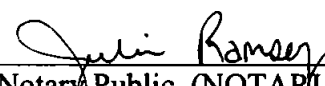
Title: President

STATE OF GEORGIA

COUNTY OF COBB

Personally appeared before me this 7<sup>th</sup> day of September, 2018 the above-named Richard Houden to me known to be the person who executed the foregoing application as President of the above-named applicant and, being first duly sworn, stated upon oath that said application, and all exhibits submitted therewith, are true and correct.



  
Notary Public (NOTARIAL SEAL)

MY COMMISSION EXPIRES: 3/5/22

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