

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 296-2211

IN THE MATTER OF THE REGISTRATION OF:  
DENTAL SUPPORT PLUS FRANCHISE LLC F/A  
By DENTAL SUPPORT PLUS FRANCHISE 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.



MIKE ROTHMAN  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 500  
St Paul, MN 55101

Date: May 17, 2011  
dlw

## Form A – Uniform Franchise Registration Application

State of Minnesota  
Dept. of Commerce

FEB 16 2011

Rec'd \$ 400

## UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-6584  
(Insert file number of immediately preceding filing of Applicant)State: Minnesota Fee: \$400

## 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

## 1. Full legal name of Franchisor:

Dental Support Pius Franchise, LLC

## 2. Name of the franchise offering:

Dental Support Plus, LLC

## 3. Franchisor's principal business address:

17200 N. Perimeter Drive, Suite 100  
Scottsdale, AZ 85255

## 4. Name and address of Franchisor's agent in this State authorized to receive service of process:

Minnesota Department of Commerce, and

Lynne Shelton, Esq.  
202 Walton Way, Ste 192  
Cedar Park, Texas 78613

## 5. The states in which this application is or will be shortly on file:

California, Maryland, and New York

FYE  
12/31/11

EHE 5/17/11

W

## Form A (cont'd) – Uniform Franchise Registration Application

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**6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:**

By e-mail:  
Lynne Shelton at [Lynne@SheltonPower.com](mailto:Lynne@SheltonPower.com)

By facsimile:  
(512) 535-0084

By Mail:  
Shelton & Power, LLC  
Lynne Shelton, Esq.  
202 Walton Way, Ste 192  
Cedar Park, Texas 78613

**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 January 2011 attached as an exhibit, and that all material facts stated in all 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 Shelton & Power on  
February 14, 2011.

Franchisor:

Dental Support Plus Franchise, LLC

By: \_\_\_\_\_

Name: Kent Maerki

Title: Member

**[NOTARY FOLLOWS ON NEXT PAGE]**

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