

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

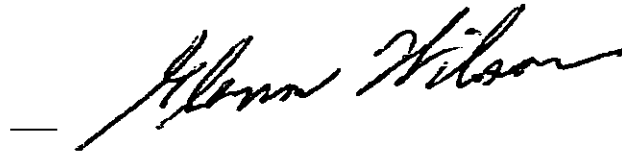
IN THE MATTER OF THE REGISTRATION OF:  
DR. DECKNFENCE F/A  
By DR. DECKNFENCE FRANCHISE

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.



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

Date: June 22, 2010  
dlw

14



Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

State of Minnesota  
Dept. of Commerce  
APR 16 2010  
Rec'd \$ 400

File No. F-6402  
(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
- REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

FYE 12/31/10

1. Full legal name of Franchisor:  
Dr. DecknFence Franchise, Corporation

Eff 6/22/10

2. Name of the franchise offering:  
Dr. DecknFence

N

3. Franchisor's principal business address:  
2960 Concord Road, Aston, PA 19014

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, MN 55101

5. The states in which this application is or will be shortly on file:  
CA, FL, HI, IL, IN, KY, MD, MI, MN, NE, NY, ND, RI, SD, TX, UT, VA, WA, WI

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:  
Harold L. Kestenbaum, Esq., 1425 RXR Plaza, East Tower-14<sup>th</sup> Fl., Uniondale, NY 11556  
Telephone: (516) 745-0099, Facsimile: (516) 745-0293, E-mail: hkestenbaum@rmfpc.com

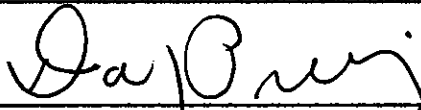
### Certification

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 ~~April 29, 2009~~ <sup>MAY 29</sup>, 2009 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 Aston, PA, March, 16th, 2010  
(City and State) (Date)

Franchisor:

DR. DECKNFENCE FRANCHISE, CORPORATION

By: 

Name: Daniel Prasalowicz

Title: President

STATE OF Pennsylvania )  
 ) ss:  
COUNTY OF Delaware )

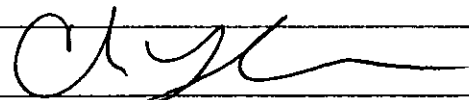
On this 16 day of March, 2010, before me Christina L. Closs  
(Name of Notary)

the undersigned officer, personally appeared Daniel Prasalowicz, known personally to me to be the President of the above named corporation, and that he, as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

(NOTARY'S SEAL)

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL  
CHRISTINA L. CLOSS, Notary Public  
Aston Twp., Delaware County  
My Commission Expires December 1, 2012

  
(Notary)

Sworn to and subscribed before me  
this 16 day of March 20 10.

This is a document preview downloaded from FranchisePanda.com. The full document is available for free by visiting: <https://franchisepanda.com/franchises/dr-decknfence>