

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

IN THE MATTER OF THE REGISTRATION OF:
FORTUNE MANAGEMENT F/A
By FORTUNE PRACTICE MANAGEMENT, INC.

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: January 4, 2017
dlw

UNIFORM FRANCHISE REGISTRATION APPLICATION

(Insert file number of previous filings of Applicant)

F-3072

Fee: \$400

(Enclosed when application is initially filed)

APPLICATION FOR (Check only one):

- REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
 REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT
AMENDMENT NUMBER _____ TO APPLICATION
 POST-EFFECTIVE FILED UNDER SECTION _____
 PRE-EFFECTED DATED _____

State of Minnesota
Dept of Commerce

SEP 29 2016

Rec'd \$

400

1. Name of Franchisor. (If applicant is subfranchisor, the name of subfranchisor.)

Fortune Practice Management, Inc.

Name under which the Franchisor is doing or intends to do business.

Fortune Management

2. Franchisor's principal business address.

1265 El Camino Real, Suite 205
Santa Clara, CA 95050

Name and address of Franchisor's agent in the State of California authorized to receive process.

Brad Hunsaker
1265 El Camino Real, Suite 205
Santa Clara, CA 95050
(800) 628-1052

3. Name, address and telephone number of subfranchisors, if any, for this state.

NONE

4. Name, address and telephone number of person to whom communications regarding this application should be directed.

STEPHEN A. COLLEY
STEPHEN A. COLLEY, APC
11682 EL CAMINO REAL, SUITE 100
SAN DIEGO, CA 92130
(858) 259-0888

EFF 01/04/17

FYE 12/31/16

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 March 21, 2016, 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.

Executed at San Diego, California, Sept. 28, 2016.

FORTUNE PRACTICE MANAGEMENT, INC.



(Signature of Franchisor)

By: Brad Hunsaker
Title: Chief Operating Officer

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

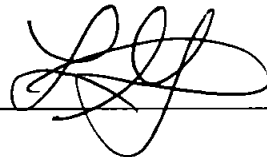
State of California)
)
County of San Diego)

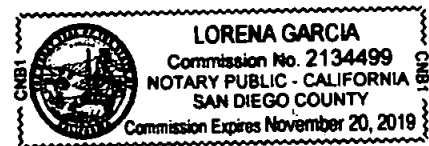
On September 28, 2016, before me, Lorena Garcia, Notary Public, personally appeared Brad Hunsaker who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____





(Seal)

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