

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

IN THE MATTER OF THE REGISTRATION OF:
GREAT PLAN FRANCHISING LLC F/A
By GREAT PLAY FRANCHISING 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: April 29, 2011
dlw

Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATIONState of Minnesota
Dept. of Commerce

FEB 28 2011

File No. F-6589
(Insert file number of immediately preceding filing of Applicant)Rec'd \$ 400State: MinnesotaFee: \$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

1. Full legal name of Franchisor:

Great Play Franchising LLC

FYE
12/31/11

2. Name of the franchise offering:

Great Play

E/F 4/29/11
N

3. Franchisor's principal business address:

51 Knobloch Lane, Stamford, Connecticut 06902

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

Minnesota Commissioner of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

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

FL, IL, KY, MD, MI, MN, NE, NY, TX, UT, VA, WA

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-14th 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 APR 23, 2010 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 Stamford, CT., Feb 22., 2011
(City and State) (Date)

Franchisor:

Great Flay Franchising LLC

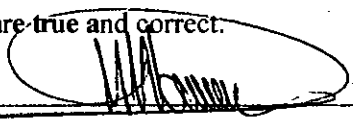
By: 

Name: Keith Cambi

Title: President.

STATE OF Connecticut
COUNTY OF Fairfield) ss: Stamford.

Personally appeared before me this 22nd day of Feb, 2011 the above-named Keith E Cambi 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 herewith, are true and correct.



(NOTARY'S SEAL)

(Notary)

M. Nurtizzaman
Notary Public, Connecticut
My Commission Expires May 31, 2012

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