

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

IN THE MATTER OF THE REGISTRATION OF: INSHAPE MD WEIGHT LOSS CLINIC F/A
By INSHAPE MD 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.

GLENN WILSON

Commissioner
Department of Commerce

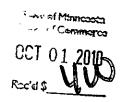
85 7th Place East, Suite 500

Alenn Wilson

St Paul, MN 55101

Date: October 27, 2010 dlw





Form A - Uniform Franchise Registration Application

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UNIFORM FRANCHISE REGISTRATION APPLICATION

	File No.	New 1 - U5 44 (Insert file number of immediately preceding filing of Applicant)
State: Minnesota	Fee:	\$400
APPLICATION FOR (Check only one)) :	
XX INITIAL REGISTRATION	OF AN OFF	ER AND SALE OF FRANCHISES
RENEWAL APPLICATION	OR ANNUA	AL REPORT
PRE-EFFECTIVE AMEND	MENT	FYE 12/31/
POST-EFFECTIVE MATER	RIAL AMEN	DMENT Gff 10/27 MD Franchising, LLC.
1. Full legal name of Franchisor:	InShape I	MD Franchising, LLC.
2. Name of the franchise offering:	InShap	MD Weight Loss Clinic
3. Franchisor's principal business a Duluth, Georgia 30096; P		<u> </u>
4. Name and address of Franchison of process: Minnesota Commiss Minnesota Departm 85 7th Place East, St. Paul, MN 55101	sioner of Com ent of Comm	
5. The states in which this applicati	ion is or will	be shortly on file:
California, Connecticut, Florida,	Illinois, Indi	ana, Kentucky, Maryland, Michigan,

Carolina, South Dakota, Texas, Utah, Virginia, Washington, Wisconsin

Minnesota, Nebraska, North Carolina, North Dakota, New York, Rhode Island, South

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:

Jim Bell 155 Whitman Hollow Rd Walhalla, SC 29691 PHONE: 864-718-8639 FAX: 775-263-3771 jim@franchise-u.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 September 28, 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, Walhalla, South Carolina, September 29, 2010,

Franchisor:
InShape MD Franchising, LLC.
By: Janual Stelina
· - 4 ()
Name: Jay Catalina
Title: President
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Irina A Bell Notary Public, State of South Caroline My Commission Expires March 23, 2019

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