

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

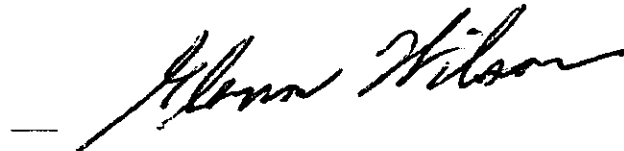
IN THE MATTER OF THE REGISTRATION OF:
INSHAPE MD WEIGHT LOSS CLINIC F/A
By INSHAPE MD FRANCHISING LLC

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
St Paul, MN 55101

Date: October 27, 2010
dlw

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: 

Name: Jay Catalina

Title: President



Irina A Bell
Notary Public, State of South Carolina
My Commission Expires March 23, 2010

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