

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION

IN THE MATTER OF THE REGISTRATION OF:

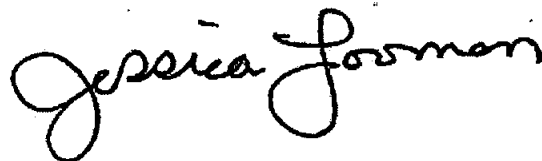
By LMS FRANCHISING, LLC

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.



JESSICA LOOMAN
Commissioner
Department of Commerce
85 7th Place East, Suite 280
St Paul, MN 55101

Date: July 12, 2018
dlw

Form A - Uniform Franchise Registration Application**UNIFORM FRANCHISE REGISTRATION APPLICATION**State of Minnesota
Dept of CommerceFile No. ~~E-8164 F~~ **8628** JUN 08 2018
(Insert file number of immediately preceding filing of Applicant) REC'D \$ 400

State: Minnesota

Fee: \$400

APPLICATION FOR (Check only one): **INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES** **RENEWAL APPLICATION OR ANNUAL REPORT** **PRE-EFFECTIVE AMENDMENT** **POST-EFFECTIVE MATERIAL AMENDMENT****1. Full legal name of Franchisor:**

LMS Franchising, LLC

2. Name of the franchise offering:

Little Medical School

3. Franchisor's principal business address:707 N. New Ballas Road
St. Louis, Missouri 63141
(314) 279-1948**4. Name and address of Franchisor's agent in this State authorized to receive service of process:** Director of the Minnesota Department of Commerce, Securities Section
85 7th Place East, Suite 500, Saint Paul, MN 55101**5. The states in which this application is or will be shortly on file:** California, Hawaii, Indiana, Illinois, Maryland, Minnesota, Virginia, New York, Washington, and Wisconsin**6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:** Earsa R. Jackson, Esq., Clark Hill Strasburger, 901 Main Street, Suite 6000, Dallas, Texas 75202; earsa.jackson@clarkhillstrasburger.com; (214) 651-2394 (Telephone) (214) 659-4156 (Fax)

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 May 31, 2018 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 in St. Louis, Mo on June 2, 2018

Franchisor:

LMS Franchising, LLC

By: _____

Name: Dr. Mary Mason

Title: President

STATE OF MISSOURI)
)
) SS
 COUNTY OF ST. LOUIS)

Personally appeared before me this 2nd day of JUNE, 2018, the above-named Dr. Mary Mason to me known to be the person who executed the foregoing notification (as President of the above-named applicant) and being first duly sworn, stated upon oath that said notification, and all exhibits submitted herewith, are true and correct.

(Notarial Seal)



FERN E. KAUFMANN
 My Commission Expires
 December 2, 2018
 St. Louis County
 Commission #14631811

Fern E. Kaufmann
 Notary

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