

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

IN THE MATTER OF THE REGISTRATION OF:  
SENIOR HEART SENIOR CARE FRANCHISE AGREEMENT  
By SENIOR CARE BUSINESS INVESTMENTS 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: June 6, 2011  
dlw

## Form A – Uniform Franchise Registration Application

State of Minnesota  
Dept. of Commerce

MAY 25 2011

Rec'd \$ 400UNIFORM FRANCHISE REGISTRATION APPLICATIONFile No. \_\_\_\_\_  
(Insert file number of immediately preceding filing of Applicant)State: MinnesotaFee: \$400*F-6666*

## 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***FXE  
12/31/4*1. **Full legal name of Franchisor:**

SENIOR CARE BUSINESS INVESTMENTS, INC.

*Eff  
6/6/11*2. **Name of the franchise offering:**

Golden Heart Senior Care

*N*3. **Franchisor's principal business address:**

10161 Park Run Drive, Suite 150, Las Vegas, NV 89145

4. **Name and address of Franchisor's agent in this State authorized to receive service of process:**Minnesota Commissioner of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 551015. **The states in which this application is or will be shortly on file:**

CA, IL, IN, MI, MN, UT, WI

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-14<sup>th</sup> Pl., 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 1/28/2011 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 Uniondale, NY, 4/26, 2011  
(City and State) (Date)

Franchisor:

SENIOR CARE BUSINESS INVESTMENTS, INC.

By: [Signature]  
Name: OLIVIAN MANZ  
Title: PRESIDENT

STATE OF New York )  
COUNTY OF NASSAU ) ss:

Personally appeared before me this 26 day of April, 2011 the above-named Olivia MANZ 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)

[Signature]  
(Notary)

HEMWATIE RAJCOOAR  
Notary Public, State of New York  
No. 01RA5070001  
Qualified in Nassau County  
Commission Expires 2/17/2014

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