

Form A – Uniform Franchise Registration Application**UNIFORM FRANCHISE REGISTRATION APPLICATION**

File No. _____
(Insert file number of immediately
preceding filing of Applicant)

State: Minnesota

Fee: \$400.00

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:** M&D Optical Franchise, LLC
2. **Name of the franchise offering:** My Eyelab
3. **Franchisor's principal business address:** 3801 South Congress Avenue
Palm Springs, FL 33461
4. **Name and address of Franchisor's agent in this State authorized to receive service of process:** Minnesota Commissioner of Commerce
87 7th Place East
Suite 500
Saint Paul, MN 55101
5. **The states in which this application is or will be shortly on file:**

CA, HI, IL, IN, MN, NY, ND, RI, VA, WA, WI

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Garrity Traina, PLLC
5485 Wiles Road
Suite 404
Coconut Creek, FL 33073
T: (954) 753-6666
F: (954) 753-6663
gtservice@garritytraina.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 May 18, 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 at Palm Springs, FL, July 3rd, 2018

Franchisor:

M&D Optical Franchise, LLC

By: [Signature]

Name: Daniel Stanton

Title: Managing Member

STATE OF FLORIDA

COUNTY OF PALM BEACH

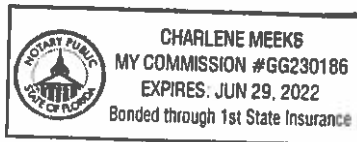
The foregoing Franchise Application and Certification was acknowledged before me this 3rd day of July, 2018, by DANIEL STANTON as Managing Member of M&D OPTICAL FRANCHISE, LLC, who is personally known, or has produced _____ as proof of identification.



(Signature of Notary Public - State of Florida)

[AFFIX SEAL]

Charlene MEEKS
(Printed Name of Notary Public)



This is a document preview downloaded from FranchisePanda.com. The full document is available for free by visiting: <https://franchisepanda.com/franchises/my-eyelab>