

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 539-1631

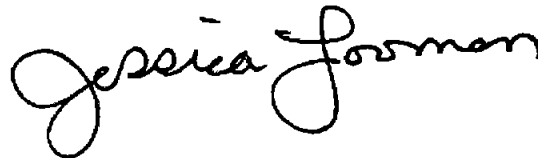
IN THE MATTER OF THE REGISTRATION OF:
TAPOUT FITNESS AREA REPRESENTATIVE F/A
By TOGYMS, LLC

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 25, 2018
dlw

UNIFORM FRANCHISE REGISTRATION APPLICATIONFile No. F-8509
Insert file number of immediately preceding filing of Applicant)State: MinnesotaFee: \$400State of Minnesota
Dept of Commerce

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

APR 11 2018
Rec'd \$ 400
eu/12/184

1. Full legal name of Franchisor:

TOGyms, LLC

2. Name under which the Franchisor is doing or intends to do business:

Tapout Fitness®

3. Franchisor's principal business address:

**1640 Powers Ferry Rd SE. Bldg. 19-200
Marietta, GA 30067**

4. Name and address of Franchisor's agent in this State authorized to receive service of process:

**Secretary of State of the State of New York
41 State Street
Albany, NY 11231**

5. The states in which this application is or will be shortly on file:

New York, California, Virginia, MinnesotaEff 07/25/18
EVE 12/31/18
N

Form A (cont'd) — Uniform Franchise Registration Application

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

Matthew J. Kreutzer, Esq.
Howard and Howard PLLC
3800 Howard Hughes Pkwy, Suite 1000
Las Vegas, NV 89169
Phone: (702) 667-4827
Fax: (702) 567-1568
mjk@h2law.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 **January 11, 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.

Executed at Wrentham, MA, March 9th, 2018.

Franchisor:
TOGyms, LLC


By: 

Name: Ben Crosbie

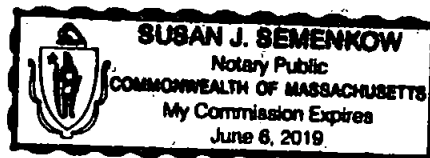
Title: Founder

County of Norfolk)
State of Massachusetts)^{ss.}

This instrument was acknowledged before me on this 9th day of March, 2018, by _____.


Notary Public

My Commission Expires: 6/6/19



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