

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

IN THE MATTER OF THE REGISTRATION OF:  
THE MOSQUITO AUTHORITY F/A  
By TMAFS, 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.



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

Date: July 25, 2018  
dlw



FILE NUMBER:

F 8558

FEE: \$400

Date of Application: 4/23/18

State of Minnesota  
Dept. of Commerce

MAY 02 2018

Rec'd \$ 400

ES/184

APPLICATION FOR (check only one):

REGISTRATION OF AN OFFER OR SALE OF FRANCHISES

REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT

POST-EFFECTIVE } AMENDMENT NUMBER \_\_\_\_\_ TO APPLICATION  
 PRE-EFFECTIVE } FILED UNDER SECTION \_\_\_\_\_  
 DATED \_\_\_\_\_

1. Name of Franchisor: **TMAFS, LLC**

2. Name under which the Franchisor is doing business: **The Mosquito Authority**

3. Franchisor's principle business address:

**346 9<sup>th</sup> Street, SE  
Hickory, NC 28602**

4. Name and address of Franchisor's agent in the state authorized to receive process:

**Minnesota Commissioner of Commerce  
85 7th Place East, # 500  
St Paul, MN 55101**

5. Name, address and telephone number of sub-franchisors, if any, for this state: None

6. Name, address and telephone number of person to whom communications regarding this application should be directed.

**Raymond T. McKenzie, Esq.  
Law Office of Raymond T. McKenzie, Esq.  
60 Market Street, Suite 205  
Gaithersburg, MD 20878  
(301) 330-6790  
Ray@mckenzie-legal.com**

Eff 07/27/18  
FYE 12/31/18

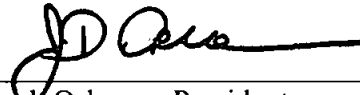
**TMAFS, LLC****CERTIFICATION**

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document and the exhibits attached thereto, with an issuance date of April 6, 2018, that all material facts stated in the documents are accurate, that the documents do not contain any material omissions, and that the contents thereof and that the statements therein are true and correct. 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 Hickory, North Carolina, on April 26, 2018.

**TMAFS, LLC**

By: \_\_\_\_\_

  
Joseph Osborne, PresidentCatawba County )


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ss.

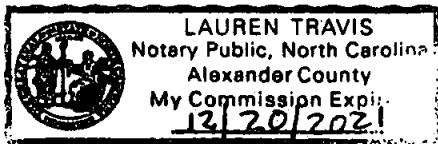
North Carolina )

)

Personally appeared before this 26 day of April, 2018, the above-named Joseph Osborne, to me known to be the 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 Public

(Seal)

My commission expires: 12/20/2021

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