

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

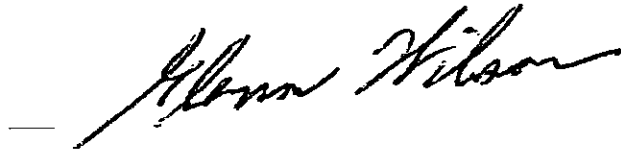
IN THE MATTER OF THE REGISTRATION OF:  
ACTIKARE IN-HOME CARE SERVICES F/A  
By ACTIKARE INC

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.



GLENN WILSON  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 500  
St Paul, MN 55101

Date: June 17, 2010  
dlw

**UNIFORM FRANCHISE REGISTRATION APPLICATION 3**File No. **F-0442**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**State of Minnesota  
Dept. of CommerceJUN 11 2010  
Rec'd \$ **400****FYE 12/31/10**

1. Full legal name of Franchisor:

**ActiKare, Inc.**

2. Name of the franchise offering:

**ActiKare In-Home Care Services**

3. Franchisor's principal business address:

**15310 Amberly Drive, Suite 185  
Tampa, FL 33647**

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

**Commissioner of Commerce  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101-2198**

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

**California, Illinois, Indiana, Michigan, Minnesota, Maryland, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington and Wisconsin****Eff 6/17/10****N**

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

Suzanne C. Cummings, Esquire  
Law Offices of Suzanne C. Cummings  
& Associates, P.C.  
Two Main Street, Suite 300  
Stoneham MA 02180  
1-800-982-9636  
1-781-481-9191 (fax)  
SCummings@SCummingsLaw.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 April 30, 2010 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 Tampa, Florida, on May 27, 2010


ACTIKARE, INC.

By:   
Name: Mark Lucas  
Title: CEO

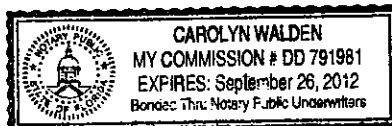
State of Florida  
County of Hillsborough

Personally appeared before me this 27 day of May, 2010, the above-named Mark Lucas to me known to be the person who executed the foregoing application as CEO 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.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

  
Notary Public  
My commission expires: 9/26/12

(Seal)



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