

**Form A – Uniform Franchise Registration Application**

**UNIFORM FRANCHISE REGISTRATION APPLICATION**

**File No.:10638**

*(Insert file number of immediately preceding filing of Application)*

**Fee: \$300**

**State:** Minnesota

**APPLICATION FOR:**

- INITIAL REGISTRATION OF AN OFFER OR SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor: **Life Saver Franchising Inc.**
2. Name of the franchise offering: **Lifesaver Pool Fence**
3. Franchisor's principal business address: **1085 SW 5th Avenue, #E3, Delray Beach, FL 33444**
4. Name and address of Franchisor's agent in this State authorized to receive process:

**Minnesota Department of Commerce  
Securities Unit  
Commissioner of Commerce  
85 7th Place East, Suite 280  
St. Paul, Minnesota 55101**

5. The states in which this application is or will be shortly on file  
**California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, Virginia, Washington, Wisconsin**
6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed.


**Lindsay Williams  
Quarles & Brady LLP  
101 East Kennedy Blvd, Suite 3400  
Tampa, Florida 33602-5195  
Telephone No.: (813) 384-6750  
[lindsay.williams@quarles.com](mailto:lindsay.williams@quarles.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 21, 2025, 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 (City) Delray Beach, (State) Florida, April 21, 2025

Life Saver Franchising, Inc.  
a Florida Corporation

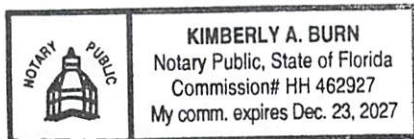
By:   
Name: Eric Lupton  
Title: President

STATE OF FLORIDA ( )  
COUNTY OF PALM BEACH ( )

On April 21, 2025, before me, (Name of Notary) personally appeared **Eric Lupton**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
Notary Public  
My Commission Expires: 12-23-2027



(NOTARIAL SEAL)