



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

Nonrefundable
Stock Association Filing Fee: \$50.00
Non-stock Association Filing Fee: \$25.00

ARTICLES OF INCORPORATION FOR A HAWAII AGRICULTURAL COOPERATIVE

(Section 421-4, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, for the purpose of forming an agricultural cooperative association under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

1.	The name of the association shall be: <input type="text"/>	
2.	The mailing address of the association's initial principal office is: Country <input type="text"/> Address (Number and Street) <input type="text"/> Address Line 2 (optional) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	If the address of the association's principal office differs from the mailing address, state the address below: Country <input type="text"/> Address (Number and Street) <input type="text"/> Address Line 2 (optional) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
3.	The association shall have and continuously maintain in the State of Hawaii, a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.	
3a. The association's registered agent is (select one):		
<input type="checkbox"/> An Entity Entity Name <input type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input type="text"/>	<input type="checkbox"/> An Individual First Name <input type="text"/> Last Name <input type="text"/>	

3b. The street address of the place of business of the registered agent in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

Country

USA

Address (Number and Street)

Address Line 2 (optional)

City

State

Hawaii

Zip Code

4. The purpose(s) of the association is/are:

5. The powers of the association are:

6. The period of duration is (check one):

Perpetual

For a specified term to expire on:

(MM/DD/YYYY)

7. **The name and address of each incorporator (and if organized with stock, a statement of the number of shares subscribed by each, which shall not be less than one) is:**

(Incorporators shall consist of three or more adult persons, engaged in agriculture as bona fide producers of agricultural products or two or more associations of such producers.)

Incorporator #1 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Number of shares subscribed:

Incorporator #2 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Number of shares subscribed:

Incorporator #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #3 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Incorporator #4 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Number of shares subscribed:

Number of shares subscribed:

Incorporator #3 information continued on next page.

Incorporator #4 information continued on next page.

7.
cont.

Incorporator #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #5 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Number of shares subscribed:

Incorporator #6 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Number of shares subscribed:

Incorporator #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Continued on next page.

8.	<p>The office title, name and address of each person who will act as an officer of the association is:</p> <p>Officer #1 is:</p> <p><input type="checkbox"/> An Entity Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual First Name: <input type="text"/> Last Name: <input type="text"/> Office held: <input type="text"/></p> <p>Officer #1 address: Country: <input type="text"/> Address (Number and Street): <input type="text"/> Address Line 2 (optional): <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></p> <p>Officer #2 is: <input type="checkbox"/> An Entity Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual First Name: <input type="text"/> Last Name: <input type="text"/> Office held: <input type="text"/></p> <p>Officer #2 address: Country: <input type="text"/> Address (Number and Street): <input type="text"/> Address Line 2 (optional): <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></p> <p>Officer #3 is: <input type="checkbox"/> An Entity Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual First Name: <input type="text"/> Last Name: <input type="text"/> Office held: <input type="text"/></p> <p>Officer #4 is: <input type="checkbox"/> An Entity Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual First Name: <input type="text"/> Last Name: <input type="text"/> Office held: <input type="text"/></p>		
		<p>Officer #3 information continued on next page.</p> <p>Officer #4 information continued on next page.</p>	

8.
cont.

Officer #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Officer #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Officer #5 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Office held:

Officer #6 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Office held:

Officer #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Officer #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Continued on next page.

9. The office title, name and address of each director is (at least three directors should be named):

Director #1 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #2 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Director #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Director #3 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #4 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #3 information continued on next page.

Director #4 information continued on next page.

9.
cont.

Director #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Director #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Director #5 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #6 is:

An Entity

Entity Name:

An Individual

First Name

Last Name

Director #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Director #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Continued on next page.

10. **This association is organized** (check one):

With stock.

The authorized number of shares of common stock is .

The par value of each share is \$.

Without stock.

The property rights and interest of each member is (check one):

equal

unequal

If the property rights and interest is unequal, state the rule by which the rights and interest shall be determined:

I/We certify under the penalties of Section 414-20 and/or 414D-12, Hawaii Revised Statutes, that I/we have read the above statements, I/we am/are authorized to execute these Articles of Incorporation, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this day of , by each of the incorporators, president and secretary of the association.

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

Continued on next page.

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

Continued on next page.

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

Type/Print the Association-Incorporator Name

OR

Type/Print Individual's First Name

Last Name

AND

Type/Print name and office title, capacity in which person signs

Signature

The articles must be signed and certified by each of the incorporators, president, and secretary of the association.

See FORM-AG-1-INSTR (instructions).