



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 CONSUMER COOPERATIVE

(Section 421C-11.5, Hawaii Revised Statutes)

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

<p>The undersigned, for the purpose of forming a consumer cooperative association under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:</p>				
1.	<p><b>The name of the association shall be:</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>(The name shall contain the term "cooperative" or some abbreviation thereof, such as "co-op" or "coop".)</p>			
2.	<p><b>The mailing address of the association's initial principal office is:</b></p> <p>Country <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Address (Number and Street) <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Address Line 2 (optional) <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p><b>If the address of the association's principal office differs from the mailing address, state the address below:</b></p> <p>Country <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Address (Number and Street) <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Address Line 2 (optional) <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>		
3.	<p><b>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.</b></p> <p><b>3a. The association's registered agent is (select one):</b></p> <table border="0"><tr><td style="vertical-align: top;"><input type="checkbox"/> An Entity <p>Entity Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p><p>State, Province, or Country of Formation/Incorporation/Organization <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p></td><td style="vertical-align: top;"><input type="checkbox"/> An Individual <p>First Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p><p>Last Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p></td></tr></table>		<input type="checkbox"/> An Entity <p>Entity Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>State, Province, or Country of Formation/Incorporation/Organization <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<input type="checkbox"/> An Individual <p>First Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Last Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
<input type="checkbox"/> An Entity <p>Entity Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>State, Province, or Country of Formation/Incorporation/Organization <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<input type="checkbox"/> An Individual <p>First Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Last Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>			

**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 association shall have perpetual duration.**

7. The office title, name, and address of each initial officer of the association is:

**Officer #1** is:

Office held:

First Name

Last Name

**Officer #1 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Officer #2** is:

Office held:

First Name

Last Name

**Officer #2 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Officer #3** is:

Office held:

First Name

Last Name

**Officer #3 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Officer #4** is:

Office held:

First Name

Last Name

**Officer #4 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

7.  
cont.

**Officer #5 is:**

Office held:

First Name

Last Name

**Officer #5 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Officer #6 is:**

Office held:

First Name

Last Name

**Officer #6 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

8. **The name and address of each director of the association** (if the association is organized without stock, at least three directors should be named) **is:**

**Director #1 is:**

First Name

Last Name

**Director #1 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Director #2 is:**

First Name

Last Name

**Director #2 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

8.  
cont.

**Director #3 is:**

First Name

Last Name

**Director #3 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Director #4 is:**

First Name

Last Name

**Director #4 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Director #5 is:**

First Name

Last Name

**Director #5 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Director #6 is:**

First Name

Last Name

**Director #6 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

*Continued on next page.*

9. 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:

Incorporator #1 is:

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 is:

First Name

Last Name

Number of shares subscribed:

Incorporator #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #3 is:

First Name

Last Name

Number of shares subscribed:

Incorporator #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #4 is:

First Name

Last Name

Number of shares subscribed:

Incorporator #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

9.  
cont.

**Incorporator #5 is:**

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 is:**

First Name

Last Name

Number of shares subscribed:

**Incorporator #6 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**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 Name, and Position

Signature

**FORM CONS-1 ACKNOWLEDGEMENT is available as a separate attachment.  
An acknowledgement statement must be provided for each signature on this form.**

The Articles of Incorporation for a Consumer Cooperative shall be certified and executed by each of the incorporators, if natural persons, and by the president and secretary of the association, before any officer authorized to take acknowledgments. See FORM CONS-1-INST (instructions).