



State of Hawaii  
Department of Commerce and Consumer Affairs  
**Business Registration Division**  
335 Merchant Street, Room 201  
Mailing Address: P.O. Box 40, Honolulu, HI 96810  
Phone: (808) 586-2727  
Fax: (808) 586-2733  
Email: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)  
**BusinessRegistrations.com**

Nonrefundable Filing Fee: \$25.00

## ARTICLES OF INCORPORATION FOR A HAWAII NONPROFIT CORPORATION

(Section 414D-32, 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 a nonprofit corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

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

**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 name and address of each individual incorporator is:**

**Incorporator #1 is:**

First Name

Last Name

Incorporator #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Incorporator #2 is:**

First Name

Last Name

Incorporator #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

<p>4. cont.</p> <p><b>Incorporator #3 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Incorporator #3 address:</p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p><b>Incorporator #4 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Incorporator #4 address:</p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p>5. <b>Check one:</b></p> <p><input type="checkbox"/> The corporation has members.</p> <p><input type="checkbox"/> The corporation has no members.</p>	
<p>6. <b>The corporation under this chapter shall not authorize or issue shares of stock. No dividend shall be paid, and no part of the income or profit of a corporation shall be distributed to its members, directors, or officers. A corporation may pay compensation in a reasonable amount to its members, directors, or officers for services rendered, may confer benefits upon its members in conformity with its purposes, and upon dissolution or final liquidation may make distributions to its members as permitted by this chapter; provided that no such payment, benefit, or distribution shall be deemed to be a dividend or a distribution of income or profit.</b></p>	
<p>7. <b>(Optional) The purpose(s) for which the corporation is organized:</b></p> <input type="text"/>	

8. **Section 8 regarding the office titles, names and addresses of all the officers and directors of the corporation is OPTIONAL.**

**8a. The name and address of each officer 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

8a.  
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

**8b. The board of directors shall consist of three or more individuals. The name and address of each director 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

<p><b>8b.</b> cont. <b>Director #3 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><b>Director #3 address:</b></p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p><b>Director #4 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><b>Director #4 address:</b></p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p><b>Director #5 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><b>Director #5 address:</b></p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p><b>Director #6 is:</b></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><b>Director #6 address:</b></p> <p>Country <input type="text"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p>I/We certify under the penalties of Section 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.</p> <p>Signed this <input type="text"/> day of <input type="text"/>, <input type="text"/></p> <p>Type/Print Name of Incorporator <input type="text"/></p> <p>Signature of Incorporator <input type="text"/></p> <p>Type/Print Name of Incorporator <input type="text"/></p> <p>Signature of Incorporator <input type="text"/></p>	

The articles must be signed and certified by at least one incorporator of the corporation. See FORM DNP-1-INSTR (instructions).