



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
BusinessRegistrations.com

Nonrefundable Filing Fee: \$50.00

ARTICLES OF INCORPORATION FOR A HAWAII PROFESSIONAL CORPORATION

(Section 415A-14.6, 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 professional corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:</p>	
1.	<p>The name of the professional corporation shall be:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <p>(The name must contain the word "corporation", "incorporated", or "limited", or the abbreviation "corp.", "inc.", or "ltd.".)</p>
2.	<p>The profession or professions that the corporation shall be authorized to practice, and any other purpose allowed by the licensing laws and rules of this State is:</p> <p>(A professional corporation may render professional services in this State only through individuals permitted to render such services in this State. "Professional service" means any service that lawfully may be rendered only by persons licensed under chapters 442 (Chiropractic), 448 (Dentistry), 453 (Medicine and Surgery), 455 (Naturopathic Medicine), 457 (Nurses), 459 (Optometry), 461 (Pharmacists and Pharmacy), 463E (Podiatrists), 465 (Psychologists), 466 (Public Accountancy), 471 (Veterinary Medicine), and 605 (Attorneys).)</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
3.	<p>The mailing address of the corporation's initial principal office is:</p> <p>Country</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Address (Number and Street)</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Address Line 2 (optional)</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>If the address of the corporation's principal office differs from the mailing address, state the address below:</p> <p>Country</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Address (Number and Street)</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Address Line 2 (optional)</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>

4.	<p>The corporation 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.</p>		
<p>4a. The corporation's registered agent is (select one):</p>			
<p><input type="checkbox"/> An Entity</p> <p>Entity Name <input type="text"/></p> <p>State, Province, or Country of Formation/Incorporation/Organization <input type="text"/></p>	<p><input type="checkbox"/> An Individual</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p>		
<p>4b. 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:</p>			
<p>Country <input type="text" value="USA"/></p> <p>Address (Number and Street) <input type="text"/></p> <p>Address Line 2 (optional) <input type="text"/></p> <p>City <input type="text"/></p>	<p>State <input type="text" value="Hawaii"/></p> <p>Zip Code <input type="text"/></p>		
5.	<p>(5a.) State the number of directors constituting the initial board of directors, and (5b.) the name and address of each individual who will serve as a director until the first annual meeting of shareholders or until their successors are elected and qualified.</p>		
<p>5a. The number of director(s) constituting the initial board of directors is: <input type="text"/></p>			
<p>(Not less than one-half of the directors of a professional corporation and all of the officers, other than the secretary and the treasurer, shall be qualified persons with respect to the corporation. At least one director shall be a resident of this State.)</p>			
<p>5b. The name and address of each individual who will serve as a director:</p>			
<p><u>Director #1 is:</u></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p>	<p><u>Director #2 is:</u></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p>		
<p><i>Director #1 information continued on next page.</i></p>		<p><i>Director #2 information continued on next page.</i></p>	

5b.
cont.

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:

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

6. The title, name, and address of each officer is:

(All of the officers, other than the secretary and the treasurer, shall be qualified persons with respect to the corporation. "Qualified person" means an individual who is eligible under this chapter to own shares issued by a professional corporation.)

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

<p>6. cont.</p> <p><u>Officer #5 is:</u></p> <p>Office held: <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><u>Officer #5 address:</u></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><u>Officer #6 is:</u></p> <p>Office held: <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><u>Officer #6 address:</u></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>7.</p> <p>The number of common shares all of the same class which the corporation has authority to issue is: <input type="text"/></p>	
<p>8.</p> <p>The name and address of each individual incorporator is:</p> <p><u>Incorporator #1 is:</u></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><u>Incorporator #1 address:</u></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><u>Incorporator #2 is:</u></p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p><u>Incorporator #2 address:</u></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>

8.
cont.

Incorporator #3 is:

First Name

Last Name

Incorporator #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Incorporator #4 is:

First Name

Last Name

Incorporator #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

I/We certify under the penalties of Section 415A-25, 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 , .

Type/Print Name of Incorporator

Type/Print Name of Incorporator

Signature of Incorporator

Signature of Incorporator

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