



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

Nonrefundable Filing Fee
Foreign Profit Corporation: \$50.00
Foreign Nonprofit Corporation: \$25.00

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN CORPORATION

(Section 414-433, 414D-273, 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 foreign corporation under the laws of the State of Hawaii, do hereby certify in accordance with the provisions of the Hawaii Business Corporation Act, Chapter 414, Hawaii Revised Statutes, or the Hawaii Nonprofit Corporation Act, Chapter 414D, Hawaii Revised Statutes, as appropriate, as follows:

1.	The foreign corporation is (check one): <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	
2.	The name of the foreign corporation is: <div></div> <small>(Name must be exactly as stated on Certificate of Good Standing or other similar record, including spacing and punctuation.)</small>	
3.	The name of the state, province, or country under whose law it is incorporated in is: <div></div>	
4.	The corporation was incorporated on: <div></div> <small>(MM/DD/YYYY)</small>	
5.	The mailing address of the corporation's initial principal office is: Country <div></div> Address (Number and Street) <div></div> Address Line 2 (optional) <div></div> City State Zip Code <div></div> <div></div> <div></div>	If the address of the corporation's principal office differs from the mailing address, state the address below: Country <div></div> Address (Number and Street) <div></div> Address Line 2 (optional) <div></div> City State Zip Code <div></div> <div></div> <div></div>

- 6. 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.**

6a. The corporation's registered agent is (select one):

☐ An Entity

Entity Name

State, Province, or Country of Formation/Incorporation/Organization

☐ An Individual

First Name

Last Name

6b. 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

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

- 7. The name and usual business address of each of the current directors is:**

Director #1 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Director #2 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Director #1 information continued on next page.

Director #2 information continued on next page.

7.
cont.

Director #1 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director #2 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director #3 is (select one):

☐ **An Entity**

Entity Name:

☐ **An Individual**

First Name

Last Name

Director #4 is (select one):

☐ **An Entity**

Entity Name:

☐ **An Individual**

First Name

Last Name

Director #3 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director #4 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continued on next page.

7.
cont.

Director #5 is (select one):

☐ 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 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Director #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

8. The title, name, and usual business address of each officer is:

Officer #1 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Office held:

Officer #1 information continued on next page.

Officer #2 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Office held:

Officer #2 information continued on next page.

8.
cont.

Officer #1 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Officer #2 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Officer #3 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Officer #4 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Office held:

Office held:

Officer #3 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Officer #4 address:

Country		
<input type="text"/>		
Address (Number and Street)		
<input type="text"/>		
Address Line 2 (optional)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. cont.	<p>Officer #5 is (select one):</p> <p><input type="checkbox"/> An Entity</p> <p>Entity Name: <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> An Individual</p> <p>First Name <input style="width: 90%;" type="text"/></p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>Office held: <input style="width: 90%;" type="text"/></p> <p><u>Officer #5 address:</u></p> <p>Country <input style="width: 90%;" type="text"/></p> <p>Address (Number and Street) <input style="width: 90%;" type="text"/></p> <p>Address Line 2 (optional) <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p>	<p>Officer #6 is (select one):</p> <p><input type="checkbox"/> An Entity</p> <p>Entity Name: <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> An Individual</p> <p>First Name <input style="width: 90%;" type="text"/></p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>Office held: <input style="width: 90%;" type="text"/></p> <p><u>Officer #6 address:</u></p> <p>Country <input style="width: 90%;" type="text"/></p> <p>Address (Number and Street) <input style="width: 90%;" type="text"/></p> <p>Address Line 2 (optional) <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p>								
9.	<p>For a nonprofit corporation only (please select one):</p> <p><input type="checkbox"/> The corporation has members. <input type="checkbox"/> The corporation has no members.</p>									
10.	<p>Attached is a certificate of good standing or other similar record duly authenticated by the secretary of state or other official having custody of corporate records in the state or country under whose law it is incorporated; provided that the certificate shall be dated not earlier than sixty (60) days prior to the filing of this application. If the certificate is in a foreign language, a translation attested to under oath by the translator shall accompany the certificate.</p>									
<p>I/We certify under the penalties of Sections 414-20 and 414D-12, Hawaii Revised Statutes, that I/we have read the above statements, I/we am/are authorized to execute this Application for Certificate of Authority for Foreign Corporation, and that the above statements are true and correct to the best of my/our knowledge and belief.</p> <p>Signed this <input style="width: 40px;" type="text"/> day of <input style="width: 100px;" type="text"/>, <input style="width: 40px;" type="text"/></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Type/Print Name & Office Title</td> <td style="width: 50%;">Type/Print Name & Office Title</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Signature</td> <td>Signature</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>			Type/Print Name & Office Title	Type/Print Name & Office Title	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	Signature	Signature	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Type/Print Name & Office Title	Type/Print Name & Office Title									
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>									
Signature	Signature									
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>									

Application must be signed by at least one officer of the corporation or by the chairperson of the board of directors.
See FORM FC-1-INSTR (instructions).