Nonrefundable Filing Fee: $50.00

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

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN LIMITED LIABILITY COMPANY
(Section 428-1002, 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 limited liability company under the laws of the State of Hawaii, do hereby certify in accordance with the provisions of the Hawaii Uniform Limited Liability Company Act, Chapter 428, Hawaii Revised Statutes, as follows:

1. **The name of the foreign limited liability company is:**

(The name must be exactly as stated on the Certificate of Existence or equivalent record, including spacing and punctuation.)

2. **The jurisdiction under whose law the company is organized is:**

(State, province, or country)

3. **A list of the names and addresses of all members and their respective capital contributions are kept and will be kept at the company's principal office until this registration is cancelled.**

4. **The mailing address of the company's initial principal office is:**

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

If the address of the company's principal office differs from the mailing address, state the address below:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Continued on next page.

5.	The company 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.

5a. The company's registered agent is (select one)**:**

☐ An Entity

Entity Name

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

☐ An Individual

First Name

Last Name

5b. 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

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

☐ At-will   ☐ For a specified term to expire on: _____
(MM/DD/YYYY)

7.	**The company is** (check one)**:**

7a. ☐ Manager-managed and the names and addresses of the initial managers are listed in 7c.

7b. ☐ Member-managed and the names and addresses of the initial members are listed in 7d.

Continued on next page.

7c. | **The name and address of each manager is:**

Manager #1 is (select one):

☐ An Entity

Entity Name:

[ ]

☐ An Individual

First Name

[ ]

Last Name

[ ]

Manager #1 address:

Country

[ ]

Address (Number and Street)

[ ]

Address Line 2 (optional)

[ ]

City [ ] State [ ] Zip Code [ ]

Manager #2 is (select one):

☐ An Entity

Entity Name:

[ ]

☐ An Individual

First Name

[ ]

Last Name

[ ]

Manager #2 address:

Country

[ ]

Address (Number and Street)

[ ]

Address Line 2 (optional)

[ ]

City [ ] State [ ] Zip Code [ ]

Manager #3 is (select one):

☐ An Entity

Entity Name:

[ ]

☐ An Individual

First Name

[ ]

Last Name

[ ]

Manager #3 information continued on next page.

Manager #4 is (select one):

☐ An Entity

Entity Name:

[ ]

☐ An Individual

First Name

[ ]

Last Name

[ ]

Manager #4 information continued on next page.

7c.
cont.

Manager #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Manager #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Manager #5 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Manager #6 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Manager #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Manager #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

7d. | **The name and address of each member is:**

Member #1 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Member #2 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Member #3 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #3 information continued on next page.

Member #4 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #4 information continued on next page.

7d.
cont.

Member #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Member #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Member #5 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #6 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Member #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Member #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

Continued on next page.

8.	**The members of the company** (check one)**:**
	(The debts, obligations, and liabilities of a limited liability company, whether arising in contract, tort, or otherwise, are solely the debts, obligations, and liabilities of the company. A member or manager shall not be personally liable for any debt, obligation, or liability of the company solely by reason of being or acting as a member or a manager.)

☐ Shall not be liable for the debts, obligations, and liabilities of the company.

☐ Shall be liable for all debts, obligations, and liabilities of the company.

☐ Shall be liable for specified debts, obligations, and liabilities of the company *as stated below*, and have consented in writing to the adoption of this provision or to be bound by this provision.

9.	**Attached is a certificate of existence or a record of similar import, authenticated by the proper government official having custody of the company records in the state, province, or country under whose laws it is organized, and dated not more than sixty (60) days prior to the filing of this application. If the certificate is in a foreign language, an English translation attested to under oath by the translator shall accompany the certificate.**

I/We certify under the penalties of Section 428-1302, 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 Limited Liability Company, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this _____ day of _____ , _____ .

Type/Print Entity Member/Manager Name

OR

Type/Print Individual's First Name   Last Name

AND

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

Signature

The application must be signed and certified by at least one manager of a manager-managed company, by at least one member of a member-managed company or in the case of a foreign limited liability company, by a person who is authorized or required to sign a record under the laws of its jurisdiction of organization. See FORM FLLC-1-INSTR (instructions).