



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

STATEMENT OF FOREIGN QUALIFICATION FOR A LIMITED LIABILITY PARTNERSHIP

(Section 425-158, Hawaii Revised Statutes)

In compliance with the provisions set forth in Section 425-156, Hawaii Revised Statutes, a foreign limited liability partnership shall (1) register pursuant to part I (General Partnerships Section) of this chapter, (2) file a statement of foreign qualification with the director, and (3) submit a certificate of good standing or other similar record duly authenticated by the secretary of state or other official having custody of limited liability partnership records in the state or country under whose law it was formed.

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

The undersigned, for the purpose of registering a foreign limited liability limited partnership under the laws of the State of Hawaii, do hereby make and file this Statement of Foreign Qualification:

1.	The name of the foreign limited liability partnership is: <input type="text"/> <small>(The name must be exactly as stated on the Certificate of Good Standing or other similar official record, including spacing and punctuation.)</small>	
2.	The jurisdiction under which the foreign limited liability partnership is formed is: <input type="text"/> <small>(State, Province, or Country)</small>	
3.	The general partnership elects to be a foreign limited liability partnership. Attached is a certificate of good standing or other similar official record issued by the jurisdiction under which the partnership was formed.	
4.	The mailing address of the foreign limited liability partnership's initial principal office is: Country <input type="text"/> Address (Number and Street) <input type="text"/> Address Line 2 (optional) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	If the address of the foreign limited liability partnership's principal office differs from the mailing address, state the address below: Country <input type="text"/> Address (Number and Street) <input type="text"/> Address Line 2 (optional) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>

5. The foreign limited liability partnership 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 foreign limited liability partnership'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

Zip Code

I/We certify under the penalties set forth in Section 425-172, Hawaii Revised Statutes, that I/we have read the above statements, I/we am/are authorized to sign this Registration Statement, 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 Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

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

Signature

The statement of foreign qualification must be signed and certified by at least one general partner of the partnership.
See FORM FLLP-1-INST (instructions).