



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

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN LIMITED PARTNERSHIP

(Section 425E-902, 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 partnership under the laws of the State of Hawaii, do hereby certify in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, as follows:	
1.	<p>Attached is a certificate of good standing or a record of similar import duly authenticated by the secretary of state or other official having custody of limited partnership records in the state or country under whose law it is formed; provided that the certificate shall be dated not more than sixty (60) days prior to the filing of this application. If the certificate is in a foreign language, a translation under oath of the translator is attached.</p>
2.	<p>The partnership is a (check one):</p> <p><input type="checkbox"/> Foreign Limited Partnership</p> <p><input type="checkbox"/> Foreign Limited Liability Limited Partnership</p>
3.	<p>The name of the partnership is:</p> <div style="border: 1px solid black; height: 20px; width: 90%; margin-bottom: 5px;"></div> <p>(The name must be exactly as stated on the certificate of good standing or equivalent record, including spacing and punctuation.)</p>
4.	<p>The jurisdiction under which the partnership was formed is:</p> <div style="border: 1px solid black; height: 20px; width: 90%; margin-bottom: 5px;"></div> <p>(State, Province, or Country)</p>

Continued on next page.

5.	The mailing address of the 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 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"/>				
6.	The 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.					
6a. The partnership's registered agent is (select one): <table border="0" data-bbox="264 876 1348 1180"> <tr> <td data-bbox="264 876 842 1140"> <input type="checkbox"/> An Entity Entity Name <input type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input type="text"/> </td> <td data-bbox="842 876 1348 1140"> <input type="checkbox"/> An Individual First Name <input type="text"/> Last Name <input type="text"/> </td> </tr> </table>			<input type="checkbox"/> An Entity Entity Name <input type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input type="text"/>	<input type="checkbox"/> An Individual First Name <input type="text"/> Last Name <input type="text"/>		
<input type="checkbox"/> An Entity Entity Name <input type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input type="text"/>	<input type="checkbox"/> An Individual First Name <input type="text"/> Last Name <input type="text"/>					
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: <table border="0" data-bbox="264 1311 1348 1545"> <tr> <td data-bbox="264 1311 806 1404"> Country <input type="text"/> USA </td> </tr> <tr> <td data-bbox="806 1311 1348 1404"> Address (Number and Street) <input type="text"/> </td> </tr> <tr> <td data-bbox="264 1404 806 1545"> Address Line 2 (optional) <input type="text"/> </td> <td data-bbox="806 1404 1348 1545"> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Hawaii </td> </tr> </table>			Country <input type="text"/> USA	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"/> Hawaii
Country <input type="text"/> USA						
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"/> Hawaii					

Continued on next page.

7.	<p>The complete business address at which a list of the name and address of each limited partner and their capital contributions are kept is:</p> <p>Country [Form Field]</p> <p>Address (Number and Street) [Form Field]</p> <p>Address Line 2 (optional) [Form Field]</p> <p>City [Form Field] State [Form Field] Zip Code [Form Field]</p>
8.	<p>By filing this application, the foreign limited partnership agrees that the records indicated in Item 7, above, will be kept until the registration of the foreign limited partnership is cancelled or withdrawn from the State of Hawaii.</p>
9.	<p>The name and address of each general partner is:</p>
<p><u>Partner #1</u> is (select one):</p> <p><input type="checkbox"/> An Entity Entity Name: [Form Field]</p> <p><input type="checkbox"/> An Individual First Name [Form Field] Last Name [Form Field]</p>	<p><u>Partner #2</u> is (select one):</p> <p><input type="checkbox"/> An Entity Entity Name: [Form Field]</p> <p><input type="checkbox"/> An Individual First Name [Form Field] Last Name [Form Field]</p>
	<p><u>Partner #1 address:</u></p> <p>Country [Form Field]</p> <p>Address (Number and Street) [Form Field]</p> <p>Address Line 2 (optional) [Form Field]</p> <p>City [Form Field] State [Form Field] Zip Code [Form Field]</p>

9.
cont.

Partner #3 is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

Partner #4 is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

Partner #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #5 is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

Partner #6 is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

Partner #5 information continued on next page.

Partner #5 information continued on next page.

9.
cont.

Partner #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

I/We certify under the penalties of Section 425E-208, Hawaii Revised Statutes, that I/we have read the above statements, I/we am/are authorized to execute this Certificate of Authority for Foreign Limited Partnership, 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

AND

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

Signature

The certificate must be signed and certified by at least one general partner of the partnership. See FORM FLP-1-INSTR (instructions).