



State of Hawaii  
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**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.	<b>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.</b>
2.	<b>The partnership is a (check one):</b>  <input type="checkbox"/> Foreign Limited Partnership  <input type="checkbox"/> Foreign Limited Liability Limited Partnership
3.	<b>The name of the partnership is:</b>  <input type="text"/> <small>(The name must be exactly as stated on the certificate of good standing or equivalent record, including spacing and punctuation.)</small>
4.	<b>The jurisdiction under which the partnership was formed is:</b>  <input type="text"/> <small>(State, Province, or Country)</small>

Continued on next page.

<b>5.</b>	<b>The mailing address of the partnership's initial principal office is:</b> Country <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Address (Number and Street) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Address Line 2 (optional) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City                      State                      Zip Code <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	<b>If the address of the partnership's principal office differs from the mailing address, state the address below:</b> Country <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Address (Number and Street) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Address Line 2 (optional) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City                      State                      Zip Code <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>
<b>6.</b>	<b>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.</b>	
	<b>6a. The partnership's registered agent is (select one):</b>	
	<input type="checkbox"/> <b>An Entity</b> Entity Name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State, Province, or Country of Formation/Incorporation/Organization <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<input type="checkbox"/> <b>An Individual</b> First Name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Last Name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
	<b>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:</b>	
	Country <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; text-align: center;">USA</div> Address (Number and Street) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Address Line 2 (optional) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City                      State                      Zip Code <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">Hawaii</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	

Continued on next page.

<b>7.</b>	<b>The complete business address at which a list of the name and address of each limited partner and their capital contributions are kept is:</b>						
<div style="margin-bottom: 5px;">Country</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address (Number and Street)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address Line 2 (optional)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="margin-bottom: 5px;">City</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div style="width: 15%;"> <div style="margin-bottom: 5px;">State</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div style="width: 40%;"> <div style="margin-bottom: 5px;">Zip Code</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> </div>							
<b>8.</b>	<b>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.</b>						
<b>9.</b>	<b>The name and address of each general partner is:</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b><u>Partner #1</u></b> is (select one):</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>An Entity</b>  <div style="margin-left: 20px;">Entity Name:</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div> <input type="checkbox"/> <b>An Individual</b>  <div style="margin-left: 20px;">First Name</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-left: 20px; margin-top: 5px;">Last Name</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b><u>Partner #2</u></b> is (select one):</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>An Entity</b>  <div style="margin-left: 20px;">Entity Name:</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div> <input type="checkbox"/> <b>An Individual</b>  <div style="margin-left: 20px;">First Name</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-left: 20px; margin-top: 5px;">Last Name</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p><b><u>Partner #1 address:</u></b></p> <div style="margin-bottom: 5px;">Country</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address (Number and Street)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address Line 2 (optional)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%;"> <div style="margin-bottom: 5px;">City</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div style="width: 15%;"> <div style="margin-bottom: 5px;">State</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> <div style="width: 52%;"> <div style="margin-bottom: 5px;">Zip Code</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> </div> </div> </td> <td style="vertical-align: top; padding: 5px;"> <p><b><u>Partner #2 address:</u></b></p> <div style="margin-bottom: 5px;">Country</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address (Number and Street)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="margin-bottom: 5px;">Address Line 2 (optional)</div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%;"> <div style="margin-bottom: 5px;">City</div> <div style="border: 1px solid black; 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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.

<b>9.</b>	cont.	<p><b><u>Partner #5 address:</u></b></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: 30%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 30%;" type="text"/></p>	<p><b><u>Partner #6 address:</u></b></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: 30%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 30%;" type="text"/></p>
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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).