



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

Nonrefundable Filing Fee: \$25.00

## CERTIFICATE OF LIMITED PARTNERSHIP

(Section 425E-201, 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 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>The partnership is a</b> (check one): <input type="checkbox"/> Domestic Limited Partnership <input type="checkbox"/> Domestic Limited Liability Limited Partnership	
2.	<b>The name of the partnership shall be:</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (For a Domestic Limited Partnership, the name shall contain the phrase "limited partnership" or the abbreviation "L.P." or "LP". For a Domestic Limited Liability Limited Partnership, the name shall contain the phrase "limited liability limited partnership" or the abbreviation "L.L.L.P." or "LLP".)	
3.	<b>The mailing address of the partnership's initial principal office is:</b>  Country <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Address (Number and Street) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Address Line 2 (optional) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	<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: 40px; width: 100%;"></div> Address (Number and Street) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Address Line 2 (optional) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
4.	<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>	

*Continued on next page.*

**4a. The 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

**4b. 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

**5. The name and address of each general partner is:**

**Partner #1 is (select one):**

An Entity

Entity Name:

An Individual

First Name

Last Name

**Partner #2 is (select one):**

An Entity

Entity Name:

An Individual

First Name

Last Name

*Partner #1 information continued on next page.*

*Partner #2 information continued on next page.*

**5.**  
cont.

**Partner #1 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Partner #2 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**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

*Continued on next page.*

5.  
cont.

**Partner #5** is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

**Partner #5 address:**

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

**Partner #6** is (select one):

An Entity

Entity Name:

An Individual

First Name

Last Name

**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 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 LP-1-INSTR (instructions).