

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN LIMITED LIABILITY COMPANY**

(Section 428-1002, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, in accordance with the provisions of the Hawaii Uniform Limited Liability Company Act, certify as follows:

1. The name of the limited liability company is:

(Name must be exactly as stated on Certificate of Existence including spacing and punctuation)

2. Its state or country of organization is:

3. The mailing address of its principal office is:

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

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.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the company's registered agent in the State of Hawaii is:

_____ (Name of Registered Agent) _____ (State or Country)

- b. The street address of the place of business of the person 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:

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

At-will

For a specified term to expire on: _____ (Month) _____ (Day) _____ (Year)

7. The company is (check one):

- a. Manager-managed, and the names and addresses of each manager is listed in paragraph "c".
- b. Member-managed, and the names and addresses of each member is listed in paragraph "c".
- c. List the names and addresses of each manager if the company is Manager-managed, or
List the names and addresses of each member if the company is Member-managed.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. The members of the company (check one):

- 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 an original certificate of existence or a record of similar import, authenticated by the proper government official having custody of the company records in the state 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, a translation under oath of the translator is attached.

I/we certify under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that I/we have read the above statements, I/we are authorized to sign this application, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Type/Print Name & Title)

(Signature)

(Signature)

SEE INSTRUCTIONS PAGE. 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 by a person who is authorized or required to sign a record under the laws of its jurisdiction of organization.