

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



STATEMENT OF FOREIGN QUALIFICATION

(Section 425-158, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned hereby certify, in accordance with the provisions of the Hawaii Uniform Partnership Act, as follows:

1. The name of general partnership is:

2. The general partnership elects to be a foreign limited liability partnership. ATTACHED is a certificate of good standing from the state in which the partnership was formed.

3. The name of the foreign limited liability partnership is:

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

4. The state or country of qualification for status as a limited liability partnership is:

5. The mailing address of the foreign limited liability partnership's principal office is:

6. 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.

a. The name (and state or country of incorporation, formation, or organization, if applicable) of the partnership'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

I certify, under the penalties set forth in the Hawaii Uniform Partnership Act, that I have read the above statements, I am authorized to sign this statement, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Name of Partner)

By _____

(Partner Signature)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

This statement must be signed and certified by at least one partner. If a partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is a **general or limited partnership**, a general partner must sign on behalf of the general or limited partnership. If partner is another **limited liability partnership**, a partner must sign. If partner is a **limited liability company**, a manager of a manager-managed company, or a member of a member-managed company must sign.

- Line 1. State the name of the general partnership that is selecting limited liability status.
- Line 2. Attach a certificate of good standing from the state in which the partnership was formed. The certificate of good standing shall be duly authenticated by the secretary of state or other official having custody of the foreign limited liability partnership records in the state or country of registration and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing is in a foreign language, a translation under oath of the translator shall accompany the certificate.
- Line 3. State the exact name of the foreign limited liability partnership. The name must be exactly as shown on the certificate of good standing.
- Line 4. Name the state or country where the partnership qualified for status as a limited liability partnership.
- Line 5. State the mailing address of the foreign limited liability partnership's principal office.
- Line 6. State the name of the foreign limited liability partnership's registered agent and the complete street address (including number, street, city, state, and zip code) in the State of Hawaii. The agent may be either an individual who resides in this State, a domestic entity, or a foreign entity authorized to transact business in the State of Hawaii, whose place of business is an address in this State to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered. If the agent is an entity, list the state or country in which it was incorporated, formed or organized.

Filing Fees: **Filing fee (\$50.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign:

Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)