

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

INSTRUCTIONS FOR FILING APPLICATION FOR CERTIFICATE OF AUTHORITY

(Section 428-1002, Hawaii Revised Statutes)

Instructions: Application must be typewritten or printed in **black ink**, and must be **legible**. The application must be signed and certified by at least one manager of a manger-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. All signatures must be in **black ink**. Submit **original** application together with the appropriate fee. The date of registration will be the date the Application for Certificate of Authority is filed in compliance with the Uniform Limited Liability Company Act.

Attach a certificate of existence or a record of similar import, authenticated by the proper official having custody of the company records in the state or country of organization, 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 the oath of the translator shall accompany the certificate.

Line 1. State the full name of the limited liability company. The name must be exactly as shown on the certificate of existence.

Line 2. Name the state or country where the company was organized.

Line 3. State the mailing address (including city, state, and zip code) of the company's principal office.

Line 4. A list of the names and addresses of all members and their respective capital contributions shall be kept at its principal office until its authority to transact business in this State is cancelled.

Line 5. State the name of the company's registered agent and the complete street address (including number, street, city, state, and zip code) in the State of Hawaii. The agent may either be 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.

Line 6. Check whether the period of duration of the company is at-will or for a specific term. Enter the expiration date if duration is for a specified term.

Line 7. Check whether the company is manager-managed or member-managed, and:

- a. List the names and addresses of all the managers if the company is manager-managed; or
- b. List the names and addresses of all the members if the company is member-managed.

If more space is needed, you may state "See attached" and attach the list to the application. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper and printed only on one side.

Line 8. Check the appropriate box.

Line 9. Attach a certificate of existence.

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)