

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 PARTNERSHIP**

(Section 425E-902, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, certifies as follows:

1. Attached is a certificate of good standing or other similar record 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, 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.

2. The partnership is a (check one):

Foreign Limited Partnership

Foreign Limited Liability Limited Partnership

3. The name of the partnership is:

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

4. The jurisdiction under which the partnership was formed is: \_\_\_\_\_

5. The mailing address of its principal office is:

\_\_\_\_\_

6. The complete address of its office at which a list of the name(s) and address(es) of the limited partner(s) and their capital contributions are kept is:

\_\_\_\_\_

7. By the filing of this application, the partnership agrees that the records indicated in line 6 will be kept until this registration is cancelled or withdrawn from the State of Hawaii.

8. The name and address of each general partner is as follows:

GENERAL PARTNER

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. 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.

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 Sections 425E-208, Hawaii Revised Statutes, that I have read the above statements, I am authorized to sign this application, and that the above statements are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Type/Print Name of General Partner)

\_\_\_\_\_  
Signature of General Partner)

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. If additional space is required, use an attachment. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper, printed only on one side. The application must be signed and certified by a general partner. All signatures must be in **black ink**. Submit application together with the appropriate fee.

- Line 1. Attach the certificate of good standing or other similar record.
- Line 2. Check whether the partnership is a "foreign limited partnership" or a "foreign limited liability limited partnership".
- Line 3. State the full name of the partnership. The name must be exactly as shown on the certificate of good standing.
- Line 4. Give the name of the state or country where the partnership was formed.
- Line 5. State the mailing address (including city, state, and zip code) of the partnership's principal office.
- Line 6. State the complete street address (including number, street, city, state, and zip code) of the office at which a list of the name(s) and address(es) of the limited partner(s) and their capital contributions are kept.
- Line 7. A list of the names and addresses of the limited partners and their capital contributions shall be kept at the address listed in Line 6 until its registration is canceled or withdrawn.
- Line 8. State the name and complete address of each general partner.
- Line 9. State the name of the 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](mailto: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)**