



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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INSTRUCTIONS FOR PREPARING AND FILING A REGISTRATION STATEMENT FOR A GENERAL PARTNERSHIP

Section [425-1](#), Hawaii Revised Statutes (HRS)

Statement must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. The statement must be signed and certified by at least one general partner of the partnership accordingly, as follows: if the partner is another **partnership**, by a general partner on behalf of the other partnership; for a **corporation**, by a corporate officer on behalf of the corporation; and for a **limited liability company**, by a manager of a manager-managed company or by a member of a member-managed company. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s). The date of registration will be the date the Registration Statement for Partnership is filed in compliance with Chapter [425](#), HRS.

For a Domestic Partnership:

Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days after the partnership is formed. Failure to file a registration statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each month while the default shall continue.

For a Foreign Partnership:

Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days after the commencement of business in the State of Hawaii. Failure to file a registration statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each month while the default shall continue.

See Sections [425-1](#) and [425-13](#), HRS, for more information.

- Item 1. State the exact name of the partnership. The name shall not be the same as, or substantially identical to, the name of any existing reservation or entity registered or authorized to transact business in this state. Refer to Section [425-6](#), HRS, for more information.
- Item 2. State the date of formation of the partnership (MM/DD/YYYY).
- Item 3. Indicate whether the general partnership is domestic or foreign. For a foreign partnership, state its jurisdiction of formation (state, province, or country) and the date the partnership first commenced business in the State of Hawaii.
- Item 4. State the complete mailing address of the partnership's initial principal office. If the address of the partnership's principal office differs from its mailing address, please also state the principal address.
- Item 5.
 - 5a. Indicate whether the partnership's registered agent is an entity OR an individual. If the registered agent is an entity, state the entity name and state, province, or country of formation, incorporation, or organization of the partnership's registered agent. If the registered agent is an individual, state the individual's first name and last name.
 - 5b. State the complete street address of the place of business of the registered agent in the 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.The partnership cannot be its own registered agent. Refer to Sections [425-18](#) and [425R-4](#), HRS, for more information.

Continued on next page.

Item 6. For each partner of the general partnership, indicate whether the partner is an entity or an individual, then state the entity name or individual's first name and last name, as appropriate, followed by the partner's complete address.

Item 7. (Prefilled, required statement.) None of the partners are a minor or an incompetent person.

Filing Fees: The fee for filing a Registration Statement for Partnership is **\$15.00** and is not refundable. Optional: the fee for one certified copy \$10.00. Payments made by cash, check, or credit card are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee is \$25.00.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

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