



Nonrefundable Filing Fee: \$25.00

State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division

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STATEMENT OF QUALIFICATION FOR A LIMITED LIABILITY PARTNERSHIP

(Section 425-153, Hawaii Revised Statutes)

In compliance with the provisions set forth in Section 425-152, Hawaii Revised Statutes, a limited liability partnership is required to obtain the partnership's approval of the terms and conditions upon which the partnership shall become a limited liability partnership; files a registration statement with the director pursuant to part I, either prior to, or simultaneously with the filing of a statement of qualification as provided by this subpart; and is in good standing pursuant to part I. The filing of a statement of qualification pursuant to this subpart establishes that a partnership has satisfied all conditions precedent to qualification of the partnership as a limited liability partnership.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

•	The name of the limited liability partnership is:	
	(The name shall contain "Registered Limited Liability Partnership" or "Limited	d Liability Partnership", or the abbreviation "R.L.L.P.", "L.L.P.", or "LLP".)
	The general partnership elects to be a limited liability partnership	artnership.
1	The mailing address of the limited liability partnership's initial principal office is:	If the address of the limited liability partnership's principal office differs from the mailing address, state the address below:
	Country	Country
	Address (Number and Street)	Address (Number and Street)
	Address Line 2 (optional)	Address Line 2 (optional)
	City State Zip Code	City State Zip Code
	The limited liability partnership shall have and continuou who shall have a business address in this State. The ago domestic entity or a foreign entity authorized to transact	gent may be an individual who resides in this State, a

Ш	An Entity	☐ An Individual	
Entit	Entity Name	First Name	
State	e, Province, or Country of Formation/Incorporation/Organization	Last Name	
4b. The street address of the place of business of the registered agent 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:			
	USA Address (Number and Street)		
	Address (Number and Street)		
	Address Line 2 (optional)		
	City	State Zip Code	
		Hawaii	
ify ur orized pelief	d to sign this Registration Statement, and that the above	Revised Statutes, that I have read the above statements, I are statements are true and correct to the best of my knowled	
rint Er	ntity Partner Name		
	·		
	dividual Partner's First Name	Last Name	
rint In			
rint In			
	ame and office title, capacity in which person signs.		

The statement of qualification must be signed and certified by at least one general partner of the partnership. See FORM LLP-1-INSTR (instructions).