



Nonrefundable Filing Fee: \$15.00

State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

REGISTRATION STATEMENT FOR A GENERAL PARTNERSHIP

(Section 425-1, Hawaii Revised Statutes)

In compliance with the provisions set forth in Section 425-1, Hawaii Revised Statutes, the Registration Statement for Partnership shall be filed within thirty days after the partnership is formed under the laws of this State, and for a foreign partnership, within thirty days after the commencement of business in this State.

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

The undersigned, for the purpose of registering a general partnership under the laws of the State of Hawaii, do hereby make and file this Registration Statement with the Director of Commerce and Consumer Affairs of the State of Hawaii:

1.	The name of the partnership is: <div></div>		
2.	The partnership was formed on: <div></div> (MM/DD/YYYY)		
3.	The general partnership is (check one): <table border="1"><tr><td><input type="checkbox"/> Domestic</td><td><input type="checkbox"/> Foreign The State, Province, or Country of Formation is: <div></div> The date the partnership commenced business in Hawaii: <div></div> (MM/DD/YYYY)</td></tr></table>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Foreign The State, Province, or Country of Formation is: <div></div> The date the partnership commenced business in Hawaii: <div></div> (MM/DD/YYYY)
<input type="checkbox"/> Domestic	<input type="checkbox"/> Foreign The State, Province, or Country of Formation is: <div></div> The date the partnership commenced business in Hawaii: <div></div> (MM/DD/YYYY)		

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4.	The mailing address of the partnership's initial principal office is: Country <input style="width: 100%;" type="text"/> Address (Number and Street) <input style="width: 100%;" type="text"/> Address Line 2 (optional) <input style="width: 100%;" type="text"/> City State Zip Code <input style="width: 33%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 33%;" type="text"/>	If the address of the partnership's principal office differs from the mailing address, state the address below: Country <input style="width: 100%;" type="text"/> Address (Number and Street) <input style="width: 100%;" type="text"/> Address Line 2 (optional) <input style="width: 100%;" type="text"/> City State Zip Code <input style="width: 33%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 33%;" type="text"/>		
5.	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.			
5a. The partnership's registered agent is (select one):				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> An Entity Entity Name <input style="width: 100%;" type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input style="width: 100%;" type="text"/> </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> An Individual First Name <input style="width: 100%;" type="text"/> Last Name <input style="width: 100%;" type="text"/> </td> </tr> </table>			<input type="checkbox"/> An Entity Entity Name <input style="width: 100%;" type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input style="width: 100%;" type="text"/>	<input type="checkbox"/> An Individual First Name <input style="width: 100%;" type="text"/> Last Name <input style="width: 100%;" type="text"/>
<input type="checkbox"/> An Entity Entity Name <input style="width: 100%;" type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input style="width: 100%;" type="text"/>	<input type="checkbox"/> An Individual First Name <input style="width: 100%;" type="text"/> Last Name <input style="width: 100%;" type="text"/>			
5b. 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:				
Country <input style="width: 100%; border: 1px solid black;" type="text" value="USA"/> Address (Number and Street) <input style="width: 100%;" type="text"/> Address Line 2 (optional) <input style="width: 100%;" type="text"/> City State Zip Code <input style="width: 33%;" type="text"/> <input hawaii"="" style="width: 10%; border: 1px solid black; text-align: center; value="/> <input style="width: 33%;" type="text"/>				

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6. The name and address of each partner is:

Partner #1 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #2 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #3 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #4 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #3 information continued on next page.

Partner #4 information continued on next page.

6.
Cont.

Partner #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #5 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #6 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Partner #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

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7. None of the partners are a minor or an incompetent person.

I/we certify under the penalties set forth in Section 425-13, Hawaii Revised Statutes, that I/we have read the above statements, I/we am/are authorized to sign this Registration Statement, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this day of , .

Type/Print Entity Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

Type/Print Entity Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

The registration statement must be signed and certified by at least one general partner. See FORM GP-1-INSTR (instructions).