





Nonrefundable Filing Fee: \$50.00

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

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ARTICLES OF INCORPORATION FOR A HAWAII DOMESTIC PROFIT CORPORATION

(Section 414-32, Hawaii Revised Statutes)

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

	undersigned, for the purpose of forming a corporation under Articles of Incorporation:	er the laws of the State of Hawaii, do hereby make and execute					
1.	1. The name of the corporation shall be:						
	(The name must contain the word "corporation", "incorporated", or "limited", or the abbreviation "corp.", "inc.", or "ltd.".)						
2.	The number of common shares all of the same class which the corporation has authority to issue is:						
3.	The mailing address of the corporation's initial principal office is:	If the address of the corporation'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					
4.		n in the State of Hawaii, a registered agent who shall have a individual who resides in this State, a domestic entity or a State.					
	Continu	ued on next page.					

An Entity	An Individual				
Entity Name	First Name				
State, Province, or Country of Formation/Incorporation/Organization	Last Name				
b. The street address of the place of business of the process and other notice and documents being s delivered to is:	e registered agent in State of Hawaii to which service of served on or sent to the entity represented by it may be				
Country					
USA					
Address (Number and Street)					
Address Line 2 (optional)					
City					
City	State Zip Code Hawaii				
The name and address of each individual incorporate	Hawaii				
The name and address of each individual incorporate	Hawaii or is:				
The name and address of each individual incorporate	Hawaii or is: Incorporator #2 is:				
The name and address of each individual incorporate	Hawaii or is: Incorporator #2 is:				
The name and address of each individual incorporate ncorporator #1 is: First Name	Hawaii Incorporator #2 is: First Name				
The name and address of each individual incorporate ncorporator #1 is: First Name	Hawaii Incorporator #2 is: First Name				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name	Incorporator #2 is: Incorporator #2 is: Last Name Last Name				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name Incorporator #1 address:	Incorporator #2 is: Last Name Incorporator #2 address:				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name Incorporator #1 address:	Incorporator #2 is: Last Name Incorporator #2 address:				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name Incorporator #1 address: Country	Incorporator #2 is: Last Name Incorporator #2 address: Country				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name Incorporator #1 address: Country	Incorporator #2 is: Last Name Incorporator #2 address: Country				
The name and address of each individual incorporate ncorporator #1 is: First Name Last Name Incorporator #1 address: Country Address (Number and Street)	Incorporator #2 is: Last Name Last Name Incorporator #2 address: Country Address (Number and Street)				

Last Name Incorporator #3 address: Country Address (Number and Street) Address Line 2 (optional)			Last Name Incorporator #4 address: Country Address (Number and Street) Address Line 2 (optional)								
						City	State	Zip Code	City	State	Zip Cod
						TIONAL. The name and address				nd directors of the co	prporation
						TIONAL.			Officer #2 is: Office held:	nd directors of the co	prporation
TIONAL. The name and address ificer #1 is:			Officer #2 is:	nd directors of the co	prporation						
TIONAL. The name and address ificer #1 is: Office held:			Officer #2 is: Office held:	nd directors of the co	prporation						
First Name Last Name Officer #1 address:			Officer #2 is: Office held: First Name Last Name Officer #2 address:		prporation						
The name and address ificer #1 is: Office held: First Name Last Name Officer #1 address: Country	s of each officer is		Officer #2 is: Office held: First Name Last Name Officer #2 address: Country		prporation						
TIONAL. The name and address: Cficer #1 is: Office held: First Name Last Name Officer #1 address:	s of each officer is		Officer #2 is: Office held: First Name Last Name Officer #2 address:		prporation						
TIONAL. The name and address ficer #1 is: Office held: First Name Last Name Officer #1 address: Country	s of each officer is		Officer #2 is: Office held: First Name Last Name Officer #2 address: Country	Street)	prporation						

Office held:				Office held:			
First Name				First Name			
Last Name			_	Last Name			
Officer #3 address:				Officer #4 address:			
Country			\neg	Country			
Address (Number and Street)			\neg	Address (Number and Stre	et)		
Address Line 2 (optional)			_	Address Line 2 (optional)			
City	State	Zip Code		City		State	Zip Cod
		II.	1 1				
				cer #6 is: Office held:			
cer #5 is: Office held:							
Office held:				Office held:			
Office held:				Office held:			
Office held: First Name				Office held:			
Office held: First Name Last Name Officer #5 address:				Office held: First Name Last Name Officer #6 address:			
Office held: First Name Last Name				Office held: First Name Last Name			
Office held: First Name Last Name Officer #5 address: Country				Office held: First Name Last Name Officer #6 address: Country			
Office held: First Name Last Name Officer #5 address:				Office held: First Name Last Name Officer #6 address:	et)		
Office held: First Name Last Name Officer #5 address: Country Address (Number and Street)				Office held: First Name Last Name Officer #6 address: Country Address (Number and Streen	·et)		
Office held: First Name Last Name Officer #5 address: Country				Office held: First Name Last Name Officer #6 address: Country	eet)		
Office held: First Name Last Name Officer #5 address: Country Address (Number and Street)	State	Zip Code		Office held: First Name Last Name Officer #6 address: Country Address (Number and Streen	eet)	State	Zip Code

<u>ctor #1</u> is:			<u>Director #2</u> is:					
First Name			Firs	t Name				
ast Name			Las	t Name				
Director #1 address: Country Address (Number and Street)			Director #2 address:					
			Cou	Country				
			Add	Address (Number and Street)				
ddress Line 2 (optional)			Add	Address Line 2 (optional)				
Dity	State	Zip Code	City		State	Zip Code		
ctor #3 is:			Directo	or #4 is:				
				o r #4 is: t Name				
First Name			Firs					
First Name			Firs	t Name				
Ctor #3 is: First Name Last Name Director #3 address: Country			Firs Las	t Name t Name				
Last Name Director #3 address: Country			Las Dir Cou	t Name t Name ector #4 address:	et)			
ast Name Director #3 address:			Las Dir Cou	t Name t Name ector #4 address:	et)			

6b. cont.	Director #5 is:	Director #6 is:				
	First Name	First Name				
	Last Name	Last Name				
	Edit Name					
	<u>Director #5 address</u> :	Director #6 address:				
	Country	Country				
	Address (Number and Street)	Address (Number and Street)				
	Address Line 2 (optional)	Address Line 2 (optional)				
	Audress Line 2 (optional)	Address Line 2 (optional)				
	City State Zip Code	City State Zip Code				
am/ar my/ou	e authorized to execute these Articles of Incorporation, ar r knowledge and belief.	sed Statutes, that I/we have read the above statements, I/we and that the above statements are true and correct to the best of				
Signe	d this,,,	ļ				
Type/Pr	int Name of Incorporator	Type/Print Name of Incorporator				
Signatu	re of Incorporator	Signature of Incorporator				

The articles must be signed and certified by at least one incorporator of the corporation. See FORM DC-1-INSTR (instructions).