Nonrefundable Filing Fee: $50.00

State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
335 Merchant Street, Room 201
Mailing Address: P.O. Box 40, Honolulu, HI 96810
Phone: (808) 586-2727
Fax: (808) 586-2733
Email: breg@dcca.hawaii.gov
BusinessRegistrations.com

ARTICLES OF ORGANIZATION FOR A HAWAII LIMITED LIABILITY COMPANY
(Section 428-203, Hawaii Revised Statutes)

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

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Hawaii, do hereby make and execute these Articles of Organization:

1. **The name of the company shall be:**

(The name must contain "limited liability company" or the abbreviation "L.L.C." or "LLC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co.".)

2. **The mailing address of the company's initial principal office is:**

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

If the address of the company's principal office differs from the mailing address, state the address below:

Country

Address (Number and Street)

Address Line 2 (optional)

City | State | Zip Code

3. **The company 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.**

3a. The company's registered agent is (select one)**:**

☐ An Entity

Entity Name

State, Province, or Country of Formation/Incorporation/Organization

☐ An Individual

First Name

Last Name

3b. 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

USA

Address (Number and Street)

Address Line 2 (optional)

City

State

Hawaii

Zip Code

4. **The name and address of each organizer is:**

Organizer #1 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Organizer #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Organizer #2 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Organizer #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

4. Organizer #3 is (select one):
cont.

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Organizer #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

Organizer #4 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Organizer #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

5. **The period of duration is** (check one)**:**

☐ At-will   ☐ For a specified term to expire on:

(MM/DD/YYYY)

6. **The company is** (check one)**:**

6a. ☐ Manager-managed and the names and addresses of the initial managers are listed in 6c.

The number of initial members is: _____. *(Optional: If the company is manager-managed, the names and addresses of the initial members may be listed under 6d.)*

6b. ☐ Member-managed and the names and addresses of the initial members are listed in 6d.

Continued on next page.

6c.

6c. The name and address of each initial manager is:

Initial Manager #1 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Manager #1 address:

Country

_____

Address (Number and Street)

_____

Address Line 2 (optional)

_____

City _____ State ___ Zip Code ___

Initial Manager #2 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Manager #2 address:

Country

_____

Address (Number and Street)

_____

Address Line 2 (optional)

_____

City _____ State ___ Zip Code ___

Initial Manager #3 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Manager #3 information continued on next page.

Initial Manager #4 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Manager #4 information continued on next page.

6c.
cont.

Initial Manager #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Initial Manager #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Initial Manager #5 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Initial Manager #6 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Initial Manager #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Initial Manager #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City   State   Zip Code

Continued on next page.

6d.

6d. The name and address of each initial member is:

Initial Member #1 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Member #1 address:

Country

_____

Address (Number and Street)

_____

Address Line 2 (optional)

_____

City _____ State ___ Zip Code ___

Initial Member #2 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Member #2 address:

Country

_____

Address (Number and Street)

_____

Address Line 2 (optional)

_____

City _____ State ___ Zip Code ___

Initial Member #3 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Member #3 information continued on next page.

Initial Member #4 is (select one):

☐ An Entity

Entity Name:

_____

☐ An Individual

First Name

_____

Last Name

_____

Initial Member #4 information continued on next page.

6d.
cont.

Initial Member #3 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

Initial Member #4 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

Initial Member #5 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Initial Member #6 is (select one):

☐ An Entity

Entity Name:

☐ An Individual

First Name

Last Name

Initial Member #5 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

Initial Member #6 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City	State	Zip Code

FORM LLC-1
11/2025

7.	**The members of the company** (check one)**:**

☐   Shall not be liable for the debts, obligations, and liabilities of the company.

☐   Shall be liable for all debts, obligations, and liabilities of the company.

☐   Shall be liable for specified debts, obligations, and liabilities of the company *as stated below*, and have consented in writing to the adoption of this provision or to be bound by this provision.

I/We certify under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that I/we have read the above statements, I/we am/are authorized to execute these Articles of Organization, 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 Organizer Name

OR

Type/Print Individual Organizer's First Name   Last Name

AND

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

Signature

The articles must be signed and certified by at least one organizer of the company. See FORM LLC-1-INSTR (instructions).