

STATE OF HAWAII
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 Business Registration Division
 335 Merchant Street
 Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
 Phone No. (808) 586-2727



STATEMENT OF QUALIFICATION

(Section 425-153, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned hereby certify, in accordance with the provisions of the Hawaii Uniform Partnership Act, as follows:

- 1. The name of general partnership is: _____
- 2. The general partnership elects to be a limited liability partnership.
- 3. The name of the limited liability partnership shall be: _____

(Name must contain: Registered Limited Liability Partnership, Limited Liability Partnership, or R.L.L.P., L.L.P., RLLP, or LLP.)

- 4. The mailing address of the limited liability partnership's initial principal office is: _____
- 5. The limited liability 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.

- a. The name (and state or country of incorporation, formation, or organization, if applicable) of the partnership's registered agent in the State of Hawaii is:

_____ (Name of Registered Agent) _____ (State or Country)

- b. The street address of the place of business of the person 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:

I certify, under the penalties of Section 425-172, Hawaii Revised Statutes, that I have read the above statements, I am authorized to sign this statement, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Name of Partner)

By _____
(Partner Signature)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

This statement must be signed and certified by at least one general partner on behalf of the general partnership applying for qualification as a limited liability partnership. If a partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is a **general or limited partnership**, a general partner must sign on behalf of the general or limited partnership. If partner is another **limited liability partnership**, a partner must sign. If partner is a **limited liability company**, a manager of a manager-managed company, or a member of a member-managed company must sign.

Line 1. State the name of the general partnership that is selecting limited liability status.

Line 3. State the name of the limited liability partnership. The name must contain the words *Registered Limited Liability Partnership, Limited Liability Partnership*, or the abbreviation *R.L.L.P., L.L.P., RLLP, or LLP*.

Line 4. State the mailing address of the limited liability partnership's initial principal office.

Line 5. State the name of the limited liability partnership's registered agent and the complete street address (including number, street, city, state, and zip code) in the State of Hawaii. The agent may be either an individual who resides in this State, a domestic entity, or a foreign entity authorized to transact business in the State of Hawaii, whose place of business is an address in this State to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered. If the agent is an entity, list the state or country in which it was incorporated, formed or organized.

Filing Fees: **Filing fee (\$25.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign:

Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

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

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