

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



REGISTRATION STATEMENT FOR PARTNERSHIP

(Section 425-1, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

In compliance with the provisions of Section 425-1 of the Hawaii Revised Statutes, the following statement is filed with the Director of Commerce and Consumer Affairs of the State of Hawaii:

1. The general partnership is (check one): Domestic Foreign
(F/\$15/B29, SH/S12, P/B22) (F/\$15/B29, SH/S12, P/B22)

2. The name of the partnership is:

_____ (Name of Partnership)

3. The partnership was formed on: _____
(Month) Day Year)

4. For **foreign general partnership only**:

a. The jurisdiction under which the partnership was formed is: _____

b. The partnership commenced business in Hawaii on: _____
(Month) Day Year)

5. The mailing address of the partnership's principal office is:

6. 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.

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:

7. The name and complete address of each general partner is:

<u>Name:</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. None of the partners is either 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 are authorized to sign this Registration Statement, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. Statement shall be signed and certified by at least one general partner. All signatures must be in **black ink**. If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company. If partner is a **LLP**, must be signed by at least one partner. Submit statement together with the appropriate fee(s).

Domestic: Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days **after** the partnership is formed. Failure to file a registration statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each and every month while the default shall continue.

Foreign: Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days **after** the commencement of business in the State of Hawaii. Failure to file a registration statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each and every month while the default shall continue.

Line 2. State the full name of the partnership.

Line 3. State the date of formation.

Line 4. Complete only if registering a **foreign** general partnership.

Line 5. State the complete mailing address of the partnership's principal office.

Line 6. State the name of the 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.

Line 7. State the names and complete addresses (including city, state, and zip code) of all general partners. If more space is required, use an attachment. Attachment must be typewritten or printed in black ink on 8 1/2 X 11 white, bond paper, printed only on one side.

Filing Fees: *Filing fee of \$15.00 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)