

Nonrefundable Filing Fee  
Profit: \$50.00  
Nonprofit: \$25.00



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

Clear Form

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION**  
(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officer(s) of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one):  Profit (F/\$50/B11)  Nonprofit (F\$25/B53)
- 2. Attached is a certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is: \_\_\_\_\_  
 (Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: \_\_\_\_\_

5. The corporation was incorporated on: \_\_\_\_\_  
(Month Day Year)

6. Mailing address of the principal office: \_\_\_\_\_

7. The corporation 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 corporation'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:  
 \_\_\_\_\_

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS

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9. **For nonprofit corporation only.** Please check one:

- The corporation has members.
- The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Signature of Officer)

SEE INSTRUCTIONS PAGE. Application must be signed by at least one officer of the corporation or by the chairperson of the board of directors.