Nonrefundable Filling Fee \$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

## **ARTICLES OF INCORPORATION**

(Section 414-32, Hawaii Revised Statutes)

ne undersign	ed, desiring to form a nonprofit corporation under the laws of the State of Ha	awaii, certify as follows:
	1	
he name of th	e corporation shall be:	
	II	
he mailing ad	dress of the corporation's initial principal office is:	
	III	
	n shall have and continuously maintain in the State of Hawaii a registered ag he agent may be an individual who resides in this State, a domestic entity of s State.	
this State. T	he agent may be an individual who resides in this State, a domestic entity of	r a foreign entity authorized to transact
this State. Tusiness in this	he agent may be an individual who resides in this State, a domestic entity of State.  The name (and state or country of incorporation, formation or organization)	r a foreign entity authorized to transact

IV

		1 4	
The name and addre	ess of each incorporator is:		
<u>Name</u>			Address
		٧	
Please check	cone:		
The c	corporation has members.		
The o	corporation has no members.		
		VI	
income or profit of th		s members, dir	ares of stock. No dividends shall be paid and no part of the ectors, or officers, except for services actually rendered to the ate dissolution.
			ii Revised Statutes, that the undersigned has read the above and that the above statements are true and correct.
Signed this	day of		_ •
	(Type/Print Name of Incorporator)		(Type/Print Name of Incorporator)
	(Signature of Incorporator)		(Signature of Incorporator)