

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



APPLICATION FOR RESERVATION OF NAME

(Section 414-52, 414D-62, 425-8, 425E-109, 428-106, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Please check current or proposed business entity type (check only one):

Corporation
(F/\$10/B20, SH/S04)

Partnership (General/Limited/LLLP)
(F/\$10/B20, SH/S04)

LLC
(F/\$10/L20, SH/S21)

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Status of Applicant (check only one):

a. Person intending to organize or change name of a **domestic** business entity.

b. Person intending to organize or change name of a **foreign** business entity.

4. Name to be reserved: _____

(See instruction No. 4 on reverse side)

Reserved name includes a fictitious name for a foreign LLC, corporation or limited partnership

5. For **Corporations**, name is reserved for (check one): Profit

Nonprofit

6. For **Partnerships**, name is reserved for (check one): General

Limited Partnership

LLLP

I certify that I have read the above statements, I am authorized to sign this application, and that the above statements are true and correct to the best of my knowledge and belief.

(Print Name)

By _____

(Signature)

(SEE INSTRUCTIONS ON REVERSE SIDE)

(Department Use Only)

(Date)

Reservation of business entity name, as requested, hereby approved for a period of 120 days to expire at 12:00 midnight

on _____.

DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS

By _____

Instructions: Application must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original application and together with the appropriate fee(s). Only one name may be reserved with each application.

- Line 1. Name of the applicant must be stated, even though the application may be signed by the applicant's agent.
- Line 2. Address of applicant may be either a street address or a P. O. Box address. You must state the complete address (including number, street, city, state, and zip code).
- Line 3. Status of Applicant (check only one). If the business entity is changing its name, the applicant's name on line 1 should state the current name of the business entity *before* it changes its name.
- Line 4. Name to be reserved must be clearly stated, with desired punctuation marks.

Check the box, if the reserved name includes a fictitious name for a foreign LLC, corporation or limited partnership name.

For **domestic profit corporations**, the reserved name must contain the word:
Corporation, Incorporated, or Limited, or the abbreviation of one of the words, *Corp., Inc., or Ltd.*

For **domestic limited liability company**, the reserved name must contain the phrase:
Limited Liability Company or the abbreviation *L.L.C., or LLC*. Limited may be abbreviated as *Ltd.*, and Company may be abbreviated as *Co.*

For **domestic limited partnership**, the reserved name must contain the phrase:
Limited Partnership or the abbreviation *LP* or *L.P.*

For **domestic limited liability limited partnership**, the reserved name must contain the phrase:
Limited Liability Limited Partnership or the abbreviation *LLLP* or *L.L.L.P.*

Filing Fees: *Filing fee (\$10.00) 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)