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Record Type Status Entity Type

Show rows

Name	Formation Date	Record Type	File Number	Status
TAXIMOD CO	06/02/2020	ENTITY	114446 F1	ACTIVE
HAWAII LIMOUSINE INC	06/03/2020	ENTITY	114450 F1	DISSOLVED
GIT WIRELESS INC	08/04/2020	ENTITY	114669 F1	ACTIVE
SURFBOARD RENT INC	08/04/2020	ENTITY	114658 F1	ACTIVE
TAXI CABBY CO	08/04/2020	ENTITY	114663 F1	ACTIVE
OPT INCORPORATED	08/04/2020	ENTITY	114667 F1	ACTIVE
AMENITY SUITES INC	08/05/2020	ENTITY	114686 F1	ACTIVE
HAWAIIAN CORPORATION	11/20/2020	ENTITY	318401 D1	ACTIVE
EQUAL MEDICINE ORGANIZATION	01/07/2021	ENTITY	318688 D1	ACTIVE
DEPLOS INC	04/07/2021	ENTITY	319349 D1	DISSOLVED
IMPLEM INC	04/17/2021	ENTITY	319491 D1	ACTIVE
CHIP INCORPORATED	05/11/2021	ENTITY	319662 D1	ACTIVE
TAXICAB EQUIPMENT INC	06/03/2021	ENTITY	319806 D1	ACTIVE
ERM INCORPORATED	08/02/2021	ENTITY	320203 D1	DISSOLVED
RF INCORPORATED	12/21/2021	ENTITY	321041 D1	ACTIVE
NODES INCORPORATED	12/25/2021	ENTITY	321056 D1	DISSOLVED
CYANNE INC	12/25/2021	ENTITY	321065 D1	DISSOLVED
EXPRESSIONISM INC	12/25/2021	ENTITY	321049 D1	DISSOLVED

Showing 1 to 18 of 18 entries

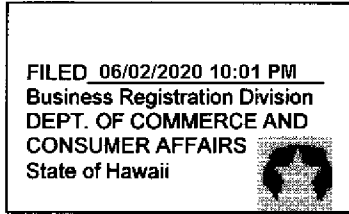
BREG DCCA | [Contact us](#)

King Kalakaua Building
335 Merchant St Rm 201
Honolulu, Hawaii 96813

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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

Internet FORM FC-1
0602202046715 7/2010



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 officers 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 an original 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:

TAXIMOD CO

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUN 2, 2020**

(Month Day Year)

6. Mailing address of the principal office is:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

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:

END ENTERPRISES, INCORPORATED

307870D1

HAWAII

(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:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

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

PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

06/02/202046715

VICE PRESIDENT

THEODORE HAUGLAND

1 LUMANA'I BLDG, 6769 NUUULI STREET #602,
PAGO PAGO 96799 AMERICAN SAMOA

TREASURER

PHILIP GLADE

3830 UNIVERSITY CENTER DR, APT 607, LAS
VEGAS, NV 89119 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

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.

02

JUNE, 2020

Signed this

_____ day of _____

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/02/202046715



State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

TAXIMOD CO

This entity was formed on June 2, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

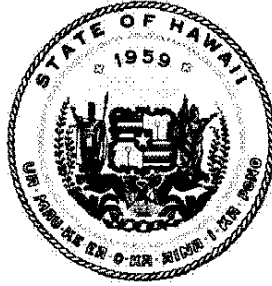
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 2, 2020**.

Julie Anderson
Commissioner

06/02/202046715



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

TAXIMOD CO

incorporated under the laws of Alaska

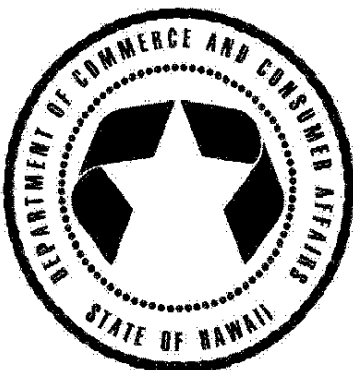
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/02/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: June 08, 2020

Catherine P. Awatah Colvin

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

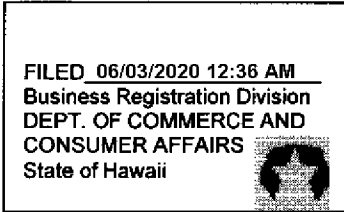
MASTER NAME	TAXIMOD CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114446 F1
STATUS	2
PURPOSE	MODIFIES STOCK VEHICLES INTO TAXICABS THAT ARE READY FOR SERVICE.
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jun 2, 2020
PRINCIPAL ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES
CROSS REFERENCE NAME	TAXI MOD CO
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
CANIZALES, KENIA	CEO/P/D	Apr 1, 2022
HAUGLAND, THEODORE	VCFO/D	Apr 1, 2022
IMPLEM INC	S/CO/D	Apr 1, 2022
TRADEMARK INCORPORATED	T/D	Apr 1, 2022
HAWAIIAN CORPORATION	D/R	Apr 1, 2022



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 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 officers 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 an original 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:
HAWAII LIMOUSINE INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUN 3, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

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:

END ENTERPRISES, INCORPORATED

HAWAII

(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:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

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

PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

06/03/202046725

VICE PRESIDENT	THEODORE HAUGLAND	1 LUMUNA'I BLDG, 6769 NUUULI STREET 602, PAGO PAGO 96799 AMERICAN SAMOA
TREASURER	PHILIP GLADE	3830 UNIVERSITY CENTER DR, APT 607, LAS VEGAS, NV 89119 USA
SECRETARY	CECILIA BOLINGER	1308 CHERRY STREET, EUDORA, KS 66025 USA
ASSISTANT TREASURER	MUSTAFA ABDALHASSAN	1155 E TWAIN AVE BLDG 108, STE 240, LAS VEGAS, NV 89169 USA
ASSISTANT SECRETARY	CHRISTOPHER HAUGLAND	205 COTTONWOOD DR, LANSING, KS 66043 USA

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.

03 JUNE, 2020

Signed this _____ day of _____

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/03/202046725

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 06/03/2020 12:36 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

HAWAII LIMOUSINE INC

This entity was formed on June 3, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

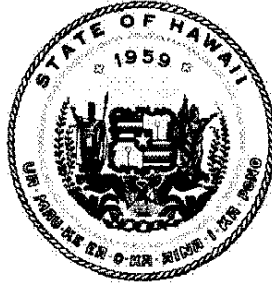
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

Julie Anderson
Commissioner

06/03/202046725



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HAWAII LIMOUSINE INC

incorporated under the laws of Alaska

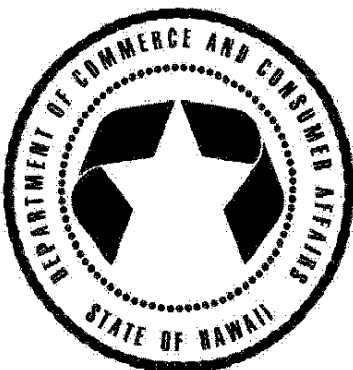
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/03/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: June 08, 2020

Catherine P. Awatah Colis

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

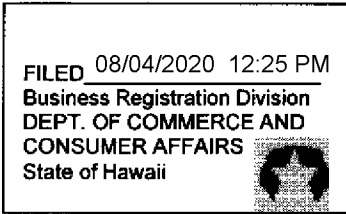
MASTER NAME	HAWAII LIMOUSINE INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114450 F1
STATUS	Inv. Cancelled
PURPOSE	LIMOUSINE TRANSPORTATION SERVICE
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jun 3, 2020
PRINCIPAL ADDRESS	1717 ALA WAI BLVD HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	PO BOX 66 HONOLULU, Hawaii 96813 UNITED STATES
CROSS REFERENCE NAME	HI LIMOUSINE INC
AGENT NAME	END ENTERPRISES, INCORPORATED
AGENT ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent
2021	Jul 29, 2021	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	P/D	Apr 1, 2021
CANIZALES,KENIA	V/D	Apr 1, 2021
BOLINGER,CECILIA	S/D	Apr 1, 2021
GLADE,PHILIP	T/D	Apr 1, 2021
HAUGLAND,CHRISTOPHER	AT/D	Apr 1, 2021



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 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 officers 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 an original 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:

GIT WIRELESS INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **APR 28, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

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:

114446F1

TAXIMOD CO

HAWAII

(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:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

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

PRESIDENT

THEODORE HAUGLAND

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046699

VICE PRESIDENT

PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

TREASURER

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY STREET, EUDORA, KS 66025 USA

ASSISTANT TREASURER

MUSTAFA ABDALHASSAN

1155 E TWAIN AVE BLDG 108 #240, LAS VEGAS,
NV 89169 USA

ASSISTANT SECRETARY

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

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.

28 JULY, 2020

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Signature of Officer)

07/28/202046699

FILED 08/04/2020 12:25 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Alaska Entity #10130869

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Git Wireless Inc

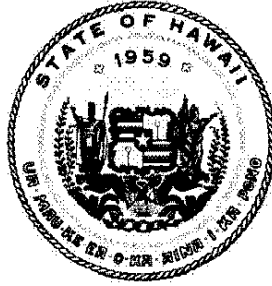
This entity was formed on April 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 4, 2020.

Julie Anderson
Commissioner



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

GIT WIRELESS INC

incorporated under the laws of Alaska

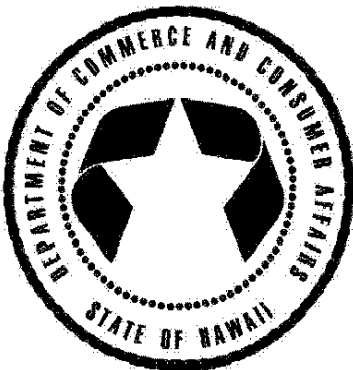
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/04/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 05, 2020

Catherine P. Awahi Colis

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

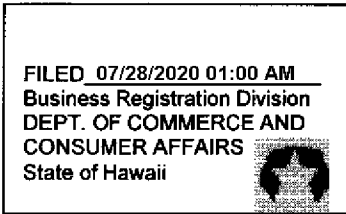
MASTER NAME	GIT WIRELESS INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114669 F1
STATUS	1
PURPOSE	DEVELOPMENT, BRANDING, AND DISTRIBUTION OF ELECTRONICS
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Aug 4, 2020
PRINCIPAL ADDRESS	1335 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1335 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES, KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
IMPLEM INC	S/D	Jul 1, 2022
US, INC	T/D	Jul 1, 2022
HAWAIIAN CORPORATION	D/R	Jul 1, 2022



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 CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F/\$25/B53)
- 2. Attached is an original 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:
SURFBOARD RENT INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUL 28, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1036 UNION MALL #1000, HONOLULU, HI 96813 USA

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:

TAXIMOD CO **114446F1** **ALASKA**
(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:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

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
PRESIDENT / DIRECTOR	THEODORE HAUGLAND	1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046697

VICE PRESIDENT / DIRECTOR KENIA CANIZALES

**1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA**

TREASURER / DIRECTOR PHILIP GLADE

**3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA**

SECRETARY / DIRECTOR CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

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.

28 JULY,2020

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046697

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Surfboard Rent Inc

This entity was formed on July 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

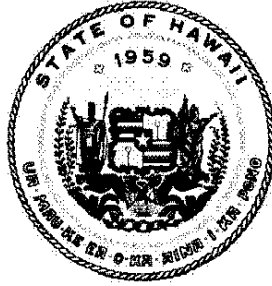
A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner

FILED 07/28/2020 01:00 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



07/28/202046697



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

SURFBOARD RENT INC

incorporated under the laws of Alaska

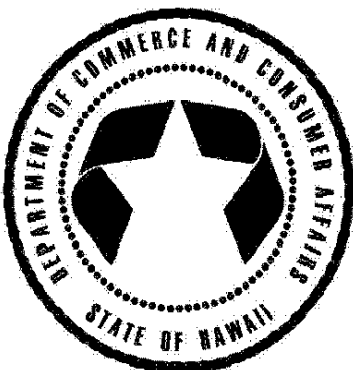
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 03, 2020

Catherine P. Awata-Cole

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

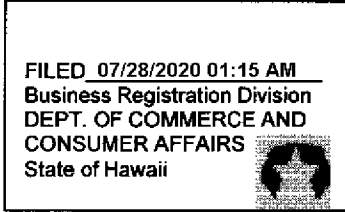
MASTER NAME	SURFBOARD RENT INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114658 F1
STATUS	1
PURPOSE	RENTAL SERVICE - RECREATIONAL
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 502 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 502 HONOLULU, Hawaii 96815 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Mar 3, 2023	Processed
2021	Mar 3, 2023	Processed

Officers

NAME	OFFICE	DATE
PAGUYO, CHRISTOPHER	C/V/C/D	Jul 1, 2022
CORRAL, ELLIE	C/V/C/D	Jul 1, 2022
UNGA-STICK, DAWN	C/SR/V/D	Jul 1, 2022
KOJA, KARL	C/S/D	Jul 1, 2022
PASCUA, SAMUEL	C/AS/D	Jul 1, 2022
LEWIS, SALOME	C/R/D	Jul 1, 2022
KOJA, CYNTHIA	C/CO/D	Jul 1, 2022
HARADA, MATTHEW	C/T/D	Jul 1, 2022
PAGUYO, DANIEL	C/AT/D	Jul 1, 2022
CANIZALES, KENIA	C/V/D	Jul 1, 2022
HAUGLAND, THEODORE	C/P/D	Jul 1, 2022
STICK, GARY	E/V/D	Jul 1, 2022



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 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 officers 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 an original 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:

TAXI CABBY CO

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **MAY 24, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

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:

TAXIMOD CO

~~HAWAII~~ **ALASKA**

(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:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

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
PRESIDENT	THEODORE HAUGLAND	1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046698

VICE PRESIDENT

KENIA CANIZALES

**1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA**

SECRETARY

PHILIP GLADE

**3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA**

ASSISTANT SECRETARY

JONATHON PORTILLO

**3830 SWENSON ST #417, LAS VEGAS, NV 89119
USA**

TREASURER

CINDY GONZALEZ

**3830 SWENSON ST #417, LAS VEGAS, NV 89119
USA**

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.

28

JULY, 2020

Signed this

_____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046698

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 07/28/2020 01:15 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

TAXI CABBY CO
transacting business in this state under the name of
TAXI CABBY CO

This entity was formed on May 24, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

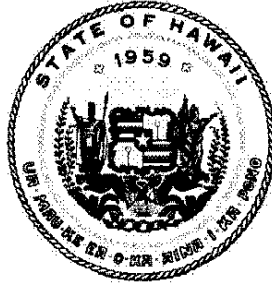
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

Julie Anderson
Commissioner

07/28/202046698



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

TAXI CABBY CO

incorporated under the laws of Alaska

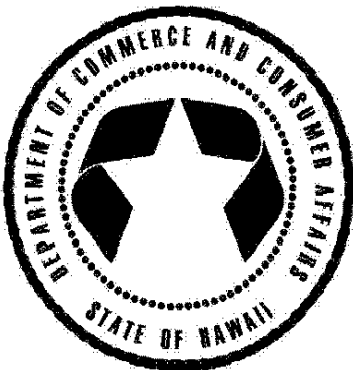
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 04, 2020

Catherine P. Awata-Cole

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	TAXI CABBY CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114663 F1
STATUS	1
PURPOSE	TAXICAB SERVICE
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	1110 NUUANU AVE #1001 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1110 NUUANU AVE #1001 HONOLULU, Hawaii 96813 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES,KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
HAWAIIAN CORPORATION	T/D/R	Jul 1, 2022
IMPLEM INC	CO/D	Jul 1, 2022

FILED 07/28/2020 01:38 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



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

Internet FORM FC-1
0728202046700 7/2010



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 officers 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 an original 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.

GH

3. The name of the corporation is:
OPT INC ORPORATED

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **APR 23, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1036 UNION MALL #1000, HONOLULU, HI 96813 USA

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:

TAXIMOD CO

~~HAWAII~~ **ALASKA**

GH

(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:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

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

PRESIDENT

THEODORE HAUGLAND

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046700

VICE PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

TREASURER

PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

ASSISTANT TREASURER

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

GH

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.

28

JULY, 2020

Signed this

day of

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046700

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 07/28/2020 01:38 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Opt Incorporated

This entity was formed on April 23, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

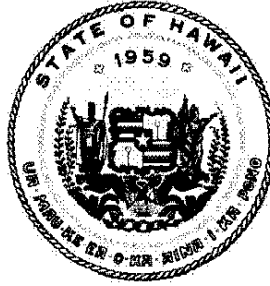
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

Julie Anderson
Commissioner

07/28/202046700



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

OPT INCORPORATED

incorporated under the laws of Alaska

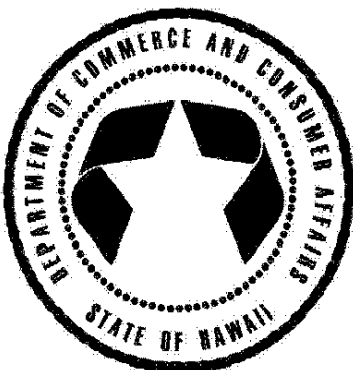
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 05, 2020

Catherine P. Awahi Colvin

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

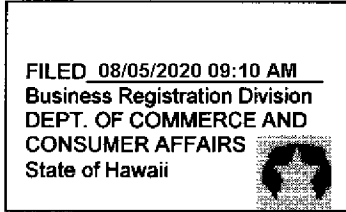
MASTER NAME	OPT INCORPORATED
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114667 F1
STATUS	1
PURPOSE	531311 - RESIDENTIAL PROPERTY MANAGEMENT
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 501 HONOLULU HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU HONOLULU, Hawaii 96810-1001 UNITED STATES
CROSS REFERENCE NAME	O P T
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023	Jan 30, 2024	Processed
2022	Mar 25, 2023	Processed
2021	Nov 17, 2021	Processed

Officers

NAME	OFFICE	DATE
GLADE, PHILIP	P/D	Jul 1, 2022



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 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 officers 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 an original 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:
AMENITY SUITES INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **AUG 5, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1136 UNION MALL FL 4, #1000, HONOLULU, HI 96813 USA

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:

TAXIMOD CO **114446F1** **HAWAII**
(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:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

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
PRESIDENT / DIRECTOR	THEODORE HAUGLAND	1136 UNION MALL FL 4, #1000, HONOLULU, HI 96813 USA

08/05/202057965

VICE PRESIDENT / DIRECTOR

KENIA CANIZALES

**1110 NUUANU AVE 1001, HONOLULU, HI 96817
USA**

TREASURER / DIRECTOR

PHILIP GLADE

PO BOX 19616, LAS VEGAS, NV 89132 USA

SECRETARY / DIRECTOR

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

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.

05 AUGUST, 2020

Signed this _____ day of _____

KENIA CANIZALES, VICE PRESIDENT

(Type/Print Name & Title)

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Signature of Officer)

08/05/202057965

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Amenity Suites Inc

This entity was formed on August 5, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **August 5, 2020**.

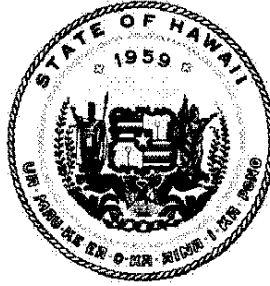
A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner

FILED 08/05/2020 09:10 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



08/05/202057965



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

AMENITY SUITES INC

incorporated under the laws of Alaska

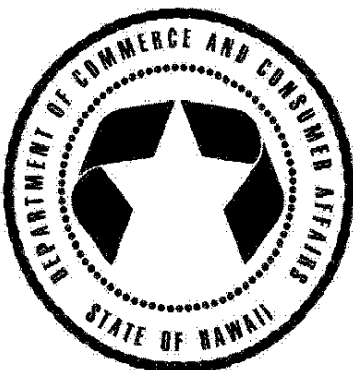
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/05/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 11, 2020

Catherine P. Awata Colón

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	AMENITY SUITES INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114686 F1
STATUS	1
PURPOSE	TRANSIENT ACCOMMODATIONS, HOTEL, SHORT TERM RENTAL PROVIDER
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Aug 5, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Mar 19, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES, KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
THEODORE HAUGLAND	T/D	Jul 1, 2022
IMPLEM INC	D/R	Jul 1, 2022



FILED 11/20/2020 02:58 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

HAWAIIAN CORPORATION

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

III

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:

THEODORE HAUGLAND

(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:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

11/20/2020 02:58 AM 10037

11/20/2020 02:58 AM 10037

v

The name and address of each incorporator is:

Name

Address

THEODORE HAUGLAND

444 NIU ST PH 501, HONOLULU, HI 96815 USA

KENIA CANIZALES

444 NIU ST PH 504, HONOLULU, HI 96815 USA

PHILIP GLADE

444 NIU ST PH 502, HONOLULU, HI 96815 USA

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

05

NOVEMBER 2020

Signed this _____ day of _____

THEODORE HAUGLAND

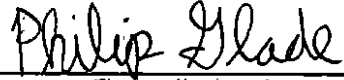
PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)



11/20/2020 2:58:10 PM

11/20/2020 2:58:10 PM

DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	HAWAIIAN CORPORATION
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	318401 D1
STATUS	1
PURPOSE	HOLDING COMPANY FOR HAWAII BASED CORPORATIONS AND TRADEMARKS
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Nov 20, 2020
PRINCIPAL ADDRESS	51-666 KAMEHAMEHA HWY KAAAWA, Hawaii 96730 UNITED STATES
MAILING ADDRESS	150 HAMAKUA DR UNIT 333 KAILUA, Hawaii 96734 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

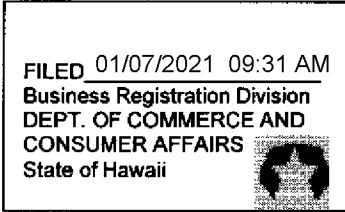
FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	P/D/CEO	Oct 1, 2021

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Oct 1, 2021	COMMON	1,000,000,000	500,000,000		



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 414D-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, desiring to form a nonprofit corporation under the laws of the State of Hawaii, certify as follows:

I

The name of the corporation shall be :

EQUAL MEDICINE ORGANIZATION

II

The mailing address of the corporation's initial principal office is:

1136 UNION MALL, UNIT 1000, HONOLULU, HI 96813 USA

III

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:

THEODORE HAUGLAND

(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:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

01/07/202145818

IV

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
KENIA CANIZALES	444 NIU ST PH 504, HONOLULU, HI 96815 USA
CHRISTOPHER HAUGLAND	444 NIU ST APT 4302, HONOLULU, HI 96815 USA
CECILIA BOLINGER	444 NIU ST APT 4304, HONOLULU, HI 96815 USA
THEODORE HAUGLAND	444 NIU ST APT 501, HONOLULU, HI 96815 USA

V

Please check one:

The corporation has members.

The corporation has no members.

VI

The corporation is nonprofit in nature and shall not authorize or issue shares of stock. No dividends shall be paid and no part of the income or profit of the corporation shall be distributed to its members, directors, or officers, except for services actually rendered to the corporation, and except upon liquidation of its property in case of corporate dissolution.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements, that I/we are authorized to sign this Articles of Incorporation, and that the above statements are true and correct.

07 JANUARY 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

01/07/202145818

IV. Addendum

The name and address of each incorporator is:

Name

GRANT GRIBBLE

CYNTHIA KOJA

Address

275 PIIKOI ST #1002, HONOLULU, HI 96814 USA

275 PIIKOI ST #1001, HONOLULU, HI 96814 USA

01/07/202145818

DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	EQUAL MEDICINE ORGANIZATION
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	318688 D2
STATUS	2
PURPOSE	BRANDING AND DEVELOPMENT OF MEDICAL PRODUCTS, E-COMMERCE DISTRIBUTION
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Jan 7, 2021
PRINCIPAL ADDRESS	1136 UNION MALL UNIT 1000 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1136 UNION MALL UNIT 1000 HONOLULU, Hawaii 96813 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

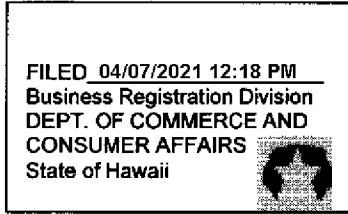
FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 13, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	CEO/P/D	Jan 1, 2022
CANIZALES,KENIA	V/CFO/D	Jan 1, 2022
GLADE,PHILIP	T/S/D	Jan 1, 2022



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

DEPLOS INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

150 HAMAKUA DR STE 333, KAILUA, HI 96734 USA

III

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:

THEODORE HAUGLAND

(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:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

04/07/202148461

V

The name and address of each incorporator is:

Name

PHILIP GLADE

CECILIA BOLINGER

Address

444 NIU ST PH 502, HONOLULU, HI 96815 USA

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

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

07

APRIL 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

04/07/202148461

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

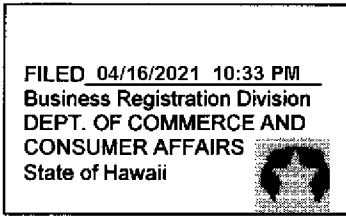
MASTER NAME	DEPLOS INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319349 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 7, 2021
PRINCIPAL ADDRESS	150 HAMAKUA DR STE 333 KAILUA, Hawaii 96734 UNITED STATES
MAILING ADDRESS	150 HAMAKUA DR STE 333 KAILUA, Hawaii 96734 UNITED STATES
TERM	PER
AGENT NAME	THEODORE HAUGLAND
AGENT ADDRESS	444 NIU ST PH 501 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 7, 2021	COMMON	1,000,000,000			



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

IMPLEM INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST, HONOLULU, HI 96815 USA

III

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:

THEODORE HAUGLAND

(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:

1717 ALA WAI #1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

04/16/202156014

V

The name and address of each incorporator is:

Name

PHILIP GLADE

Address

PO BOX 19616, LAS VEGAS, NV 89132 USA

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

16

APRIL 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

04/16/202156014

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	IMPLEM INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319491 D1
STATUS	2
PURPOSE	ELECTRONIC SURVEILLANCE EQUIPMENT AND EMBEDDED NETWORK MANUFACTURER AND DISTRIBUTOR.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 16, 2021
PRINCIPAL ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Apr 1, 2022
CANIZALES, KENIA	V/CFO/D	Apr 1, 2022

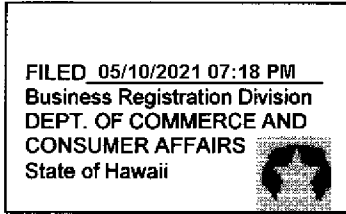
Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		





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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

CHIP INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1717 ALA WAI BLVD, STE 1110, HONOLULU, HI 96815 USA

III

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:

THEODORE HAUGLAND

(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:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

05/10/202145777

V

The name and address of each incorporator is:

Name

PHILIP GLADE

CECILIA BOLINGER

KENIA CANIZALES

Address

444 NIU ST PH 502, HONOLULU, HI 96815 USA

1038 CHERRY ST, EUDORA, KS 66025 USA

444 NIU ST PH 504, HONOLULU, HI 96815 USA

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

10

MAY 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

05/10/202145777

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	CHIP INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319662 D1
STATUS	2
PURPOSE	DEVELOPS, MANUFACTURES, BRANDS, AND DISTRIBUTES EMBEDDED RFID (RADIO FREQUENCY IDENTIFICATION) AND NFC (NEAR FIELD COMMUNICATION) CHIP DEVICES.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 10, 2021
PRINCIPAL ADDRESS	1317 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1317 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

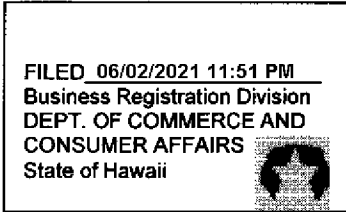
NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Apr 1, 2022
CANIZALES, KENIA	V/CFO/D	Apr 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

TAXICAB EQUIPMENT INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

3206 AHINAHINA PL, HONOLULU, HI 96816 USA

III

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:

OPT INCORPORATED

114667F1

ALASKA

(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:

330 MERCHANT ST UNIT 66, HONOLULU, HI 96813 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

06/02/2021 145396

V

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
KENIA CANIZALES	444 NIU ST PH 504, HONOLULU, HI 96815 USA
THEODORE HAUGLAND	444 NIU ST PH 501, HONOLULU, HI 96815 USA
CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
CYNTHIA KOJA	725 PIIKOI ST APT 1002, HONOLULU, HI 96815 USA

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

02 JUNE 2021

Signed this _____ day of _____

KENIA CANIZALES

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

KENIA CANIZALES

(Signature of Incorporator)

(Signature of Incorporator)

06/02/2021 14:53:96

The name and address of each incorporator is:

Name

MATTHEW HARADA

SAMUEL PASCUA

CHRISTOPHER HAUGLAND

AMORA HAUGLAND

KARINA HAUGLAND

EVA CANIZALES

Address

725 PIIKOI ST APT 1001, HONOLULU, HI 96815 USA

1752 KEALIA DR, HONOLULU, HI 96815 USA

444 NIU ST APT 4301, HONOLULU, HI 96815 USA

444 NIU ST APT 4302, HONOLULU, HI 96815 USA

444 NIU ST APT 4304, HONOLULU, HI 96815 USA

444 NIU ST PH 504, HONOLULU, HI 96815 USA

06/02/202145396

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	TAXICAB EQUIPMENT INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319806 D1
STATUS	2
PURPOSE	PROGRAMS, BRANDS, AND DISTRIBUTES TAXICAB DRIVER EQUIPMENT SUCH AS TAXICAB METERS, TAXICAB CAMERAS, AND TAXICAB TOP SIGNS.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Jun 2, 2021
PRINCIPAL ADDRESS	3206 AHINAHINA PL HONOLULU, Hawaii 96816 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
CROSS REFERENCE NAME	TAXI CAB EQUIPMENT INC.
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 27, 2023	Processed

Officers

NAME	OFFICE	DATE
UNGA-STICK,DAWN	CEO/D	Apr 1, 2022
HAUGLAND, THEODORE	P	Apr 1, 2022
CANIZALES,KENIA	V/D	Apr 1, 2022
LEWIS,SALOME	S/D	Apr 1, 2022
SHEVCHENKO,ANTON	T/D	Apr 1, 2022
PAGUYO,DANIEL	AS/S	Apr 1, 2022

GLADE,PHILIP	AT/D	Apr 1, 2022
STICK,GARY	CFO/D	Apr 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		



FILED 08/06/2021 03:25 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

ERM Incorporated

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST PH 504, HONOLULU, HI 96815 USA

III

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:

OPT INCORPORATED

114667F1

ALASKA

(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:

444 NIU ST PH 504, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

www.BUSINESSREGISTRATIONS.COM

v

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
THEODORE HAUGLAND	444 NIU ST PH 501, HONOLULU, HI 96815 USA
KENIA CANIZALES	1717 ALA WAI BLVD #1110, HONOLULU, HI 96815 USA
CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
CHRISTOPHER HAUGLAND	444 NIU ST APT 4301, HONOLULU, HI 96815 USA

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

01 AUGUST 2021

Signed this _____ day of _____

THEODORE HAUGLAND
(Type/Print Name of Incorporator)

Theodore Haugland
(Type/Print Name of Incorporator)

THEODORE HAUGLAND
(Signature of Incorporator)

Theodore Haugland
(Signature of Incorporator)

V. Addendum

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>SAMUEL PASCUA</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>
<u>MATTHEW HARADA</u>	<u>722 HUIKAHI ST, PEARL CITY, HI 96782 USA</u>
<u>CYNTHIA KOJA</u>	<u>725 PIKOI ST #1002, HONOLULU, HI 96814 USA</u>
<u>CHRISTOPHER PAGUYO</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>
<u>DANIEL PAGUYO</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	ERM INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	320203 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Aug 6, 2021
PRINCIPAL ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	OPT INCORPORATED
AGENT ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

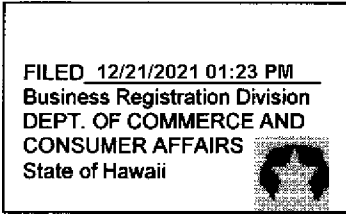
FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Aug 6, 2021	COMMON	1,000,000,000			



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

RF INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96813 USA

III

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:

PHILIP GLADE

(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:

1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/21/2021 01:23 PM

V

The name and address of each incorporator is:

Name

ANTON SHEVCHENKO

THEODORE HAUGLAND

Address

4159 PAHOA AVE, HONOLULU, HI 96816 USA

444 NIU ST PH 501, HONOLULU, HI 96815 USA

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

21

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/21/2021 45528

DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	RF INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321041 D1
STATUS	1
PURPOSE	TELECOMMUNICATIONS RESELLER AND SERVICE PROVIDER
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 21, 2021
PRINCIPAL ADDRESS	2270 KUHIO AVE HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	2270 KUHIO AVE HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

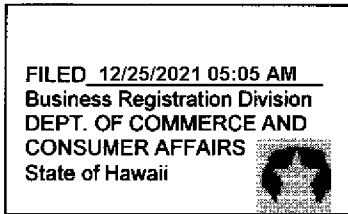
FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Oct 1, 2022
CANIZALES, KENIA	V/CFO/D	Oct 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Oct 1, 2022	COMMON	1,000,000,000	500,000,000		



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

NODES INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96813 USA

III

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:

PHILIP GLADE

(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:

1717 ALA WAI BLVD, STE 1110, HONOLULU, HI 96813 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 45982

V

The name and address of each incorporator is:

Name

ANTON SHEVCHENKO
THEODORE HAUGLAND

Address

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96816 USA
444 NIU ST, PENTHOUSE 501, HONOLULU, HI 96815 USA

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

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45982

DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	NODES INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321056 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD STE 1110 HONOLULU, Hawaii 96813 UNITED STATES

Annual Filings

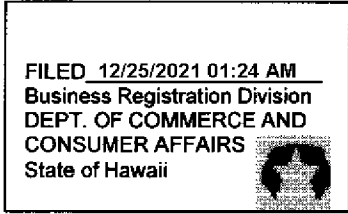
FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

CYANNE INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

67-234 KAINALU ST, WAIALUA, HI 96791 USA

III

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:

PHILIP GLADE

(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:

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 01:24 AM

V

The name and address of each incorporator is:

Name

CYANNE MORELAND

THEODORE HAUGLAND

Address

67-234 KAINALU ST, WAIALUA, HI 96791 USA

444 NIU ST PENTHOUSE 501, HONOLULU, HI 96815 USA

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

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/202145978

DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

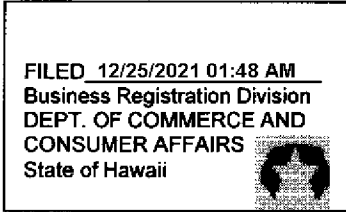
MASTER NAME	CYANNE INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321065 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
MAILING ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			



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)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

EXPRESSIONISM INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

67-234 KAINALU ST, WAIALUA, HI 96791 USA

III

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:

PHILIP GLADE

(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:

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 45979

V

The name and address of each incorporator is:

Name

CYANNE MORELAND

THEODORE HAUGLAND

Address

67-234 KAINALU ST, WAILUA, HI 96791 USA

444 NIU ST PENTHOUSE 501, HONOLULU, HI 96815 USA

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

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/202145979

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	EXPRESSIONISM INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321049 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
MAILING ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			