



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:

MEDIC ALASKA 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 20, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

335 MERCHANT ST UNIT 66, HONOLULU, HI 96810 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:

CYNTHIA KOJA

(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:

725 PIIKOI ST UNIT 1001, HONOLULU, HI 96814 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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	THEODORE HAUGLAND	150 HAMAKUA DR UNIT 333, KAILUA, HI 96734 USA

03/03/202245095

VICE PRESIDENT	CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
TREASURER	PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
SECRETARY	KENIA CANIZALES	1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA
ASSISTANT TREASURER	MATTHEW HARADA	3206 AHINAHINA PL, HONOLULU, HI 96816 USA
ASSISTANT SECRETARY	JUNG NO	45-510 KAMEHAMEHA HWY, KANEOHE, HI 96744 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 MARCH, 2022

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

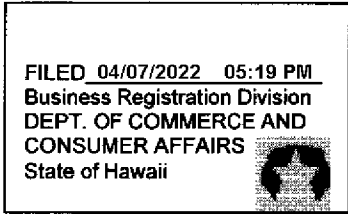
(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Signature of Officer)

03/03/202245095



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:

IRS, 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 7, 2022**
(Month Day Year)

6. Mailing address of the principal office is:

3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 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:

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:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	PHILIP GLADE	335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

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

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

**1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 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.

07

APRIL, 2022

Signed this

_____ day of _____

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982



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)

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3. The name of the corporation is:

IRS, 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 7, 2022**
(Month Day Year)

6. Mailing address of the principal office is:

3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 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:

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:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	PHILIP GLADE	335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

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

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

**1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 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.

07

APRIL, 2022

Signed this

_____ day of _____

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

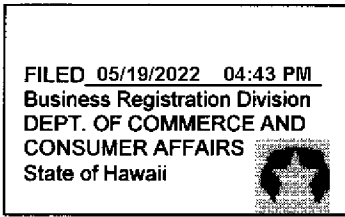
PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982



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 :

YACHT 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:

1717 ALA WAI BLVD, APT 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:

JOSHUA SHADE

(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:

47-202 IUIU ST, KANEOHE, HI 96744 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

05/19/202245926

V

The name and address of each incorporator is:

Name

THEODORE HAUGLAND
PHILIP GLADE

KENIA CANIZALES
DANIEL PAGUYO
CHRISTOPHER PAGUYO

Address

150 HAMAKUA DR, UNIT 333, KAILUA, HI 96734 USA
335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA
1717 ALA WAI BLVD, APT 1110, HONOLULU, HI 96815 USA
1752 KEALIA DR, HONOLULU, HI 96817 USA
1752 KEALIA DR, APT 513, HONOLULU, HI 96817 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.

19

MAY 2022

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

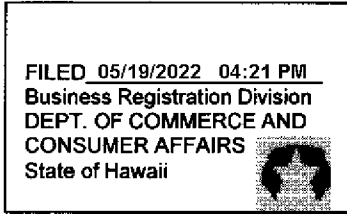
(Signature of Incorporator)

(Signature of Incorporator)

05/19/202245926



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 :

AUTOOPTIMIZATION 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 STREET PENTHOUSE 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:

JUSTIN BURSON

(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:

927 PROSPECT ST, UNIT 803, HONOLULU, HI 96822 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

05/19/202245920

V

The name and address of each incorporator is:

Name

THEODORE HAUGLAND
PHILIP GLADE

KENIA G CANIZALES
DESIREE VEGA
JOSHUA SHADE

Address

150 HAMAKUA DR, UNIT 333, KAILUA, HI 96734 USA
335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA
1717 ALA WAI BLVD, APT 1110, HONOLULU, HI 96815 USA
2941 KALIHI ST, HONOLULU, HI 96817 USA
47-202 IUIU ST, KANEOHE, HI 96744 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.

19

MAY 2022

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

05/19/202245920

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

FOREIGN PROFIT CORPORATION ANNUAL REPORT AS OF October 1, 2023

CORPORATION NAME AND MAILING ADDRESS

US, INC
✓ 55-706 WAHINEPEE ST
BLDG B
LAIE HI 96762-1200

Principal Office Address

✓ 1931 KAMEHAMEHA HWY
HALEIWA HI 96712-0000

1. Incorporated under the laws of: Alaska

2. Nature of activities in Hawaii:

✓ US, INC NAICS CODES: (1) 423990 - WHOLESALE TRADE / (2) 332992 - AMMUNITION MANUFACTURING / (3) 332993 - FIREARM AND AMMUNITION SHIPPING, IMPORT, AND DISTRIBUTION / (4) 332994 - FIREARMS MANUFACTURING, WAREHOUSING, AND ORDNANCE ACCESSORIES / (5) 423910 - SPORTING AND RECREATIONAL GOODS AND SUPPLIES MERCHANT WHOLESALERS / (6) 454110 - ELECTRONIC SHOPPING AND MAIL-ORDER HOUSES / (7) 459110 - GUNS, FIREARMS, AMMUNITION MAIL AND ONLINE RETAIL STORES / (8) 522293 - INTERNATIONAL TRADE FINANCING / (9) 926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS / (10) 551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

3. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person 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.

✓ LICENSE, INC
55-706 WAHINEPEE ST
BLDG B
STE 2
LAIE HI 96762-1200

4. Name and address of officers and directors:

Offices Held	Full Name	Address
✓ P/C/CEO	HAUGLAND, THEODORE	120 ELM ST, SAN DIEGO CA 92101-2602
V/D/VC	UNGA, DAWN	55-706 WAHINEPEE ST, LAIE HI 96762-1200
T/D/CO	STICK, GARY	9307 169TH E, PUYALLUP WA 98375-2281

NO CHANGES
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

June 18, 2025	THEODORE HAUGLAND	THEODORE HAUGLAND
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 116934 F1
Rev. 10/2013

2023 B17
B22



06/18/202543296

FILED 06/02/2020 10:01 PM
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
0602202046715 7/2010



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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)

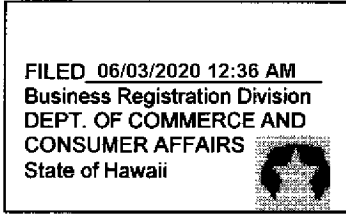
KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/02/202046715



STATE OF 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

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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:
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)

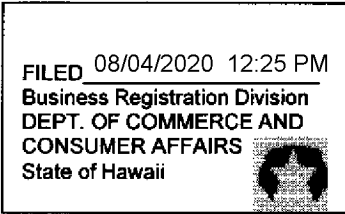
KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/03/202046725



STATE OF 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

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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:

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)

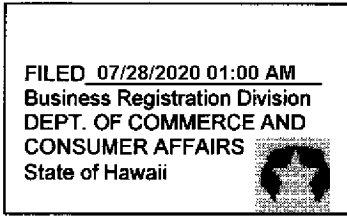
THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046699



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:
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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
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)

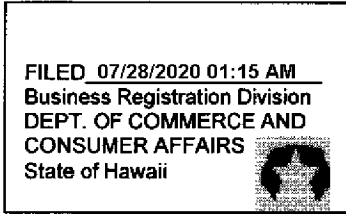
THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046697



STATE OF 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

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.

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**

(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

GH

07/28/202046700

GH

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)

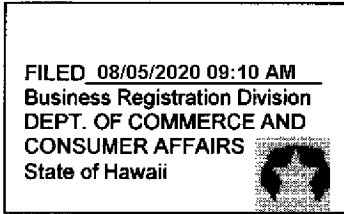
THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046700



STATE OF 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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
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



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

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

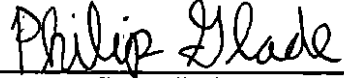
PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

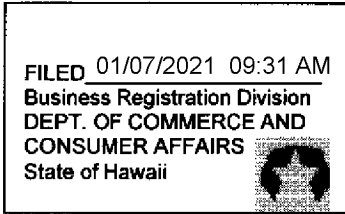
(Signature of Incorporator)

(Signature of Incorporator)



11/20/20202: sess 10037

11/20/20202: sess 10037



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

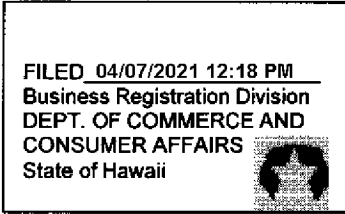
(Signature of Incorporator)

(Signature of Incorporator)

01/07/202145818



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)

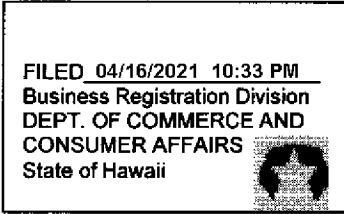
(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

04/07/2021 48461



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

04/16/2021 56014

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

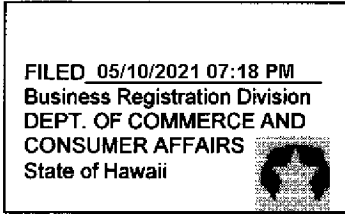
(Signature of Incorporator)

(Signature of Incorporator)

04/16/2021 56014



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

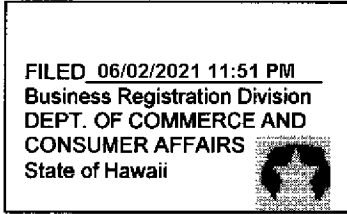
(Signature of Incorporator)

(Signature of Incorporator)

05/10/2021 45777



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:

Name

PHILIP GLADE

KENIA CANIZALES

THEODORE HAUGLAND

CECILIA BOLINGER

CYNTHIA KOJA

Address

444 NIU ST PH 502, HONOLULU, HI 96815 USA

444 NIU ST PH 504, HONOLULU, HI 96815 USA

444 NIU ST PH 501, HONOLULU, HI 96815 USA

1038 CHERRY ST, EUDORA, KS 66025 USA

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

06/02/2021 45396



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) 588-2727

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)

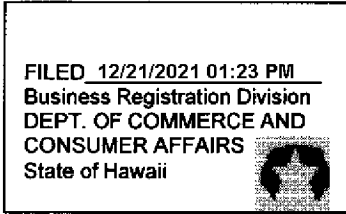
Theodore Haugland
(Type/Print Name of Incorporator)

THEODORE HAUGLAND
(Signature of Incorporator)

Theodore Haugland
(Signature of Incorporator)



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 45528

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)

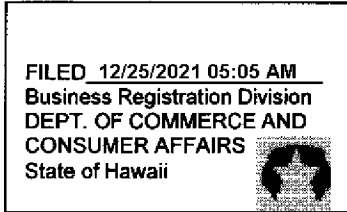
(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/21/2021 45528



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)

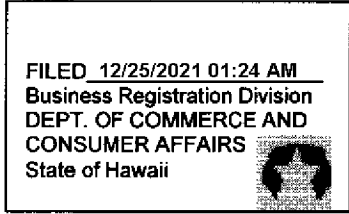
(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45982



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 45978

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)

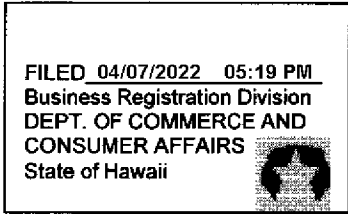
(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45978



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:

IRS, 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 7, 2022**
(Month Day Year)

6. Mailing address of the principal office is:
3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 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:

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:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	PHILIP GLADE	335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

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

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

**1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 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.

07

APRIL, 2022

Signed this

_____ day of _____

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

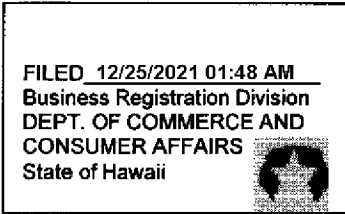
PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982



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)

12/25/2021 45979