



**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.

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**THEODORE HAUGLAND**

**150 HAMAKUA DR UNIT 333, KAILUA, HI 96734 USA**

03/03/202245095

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

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)

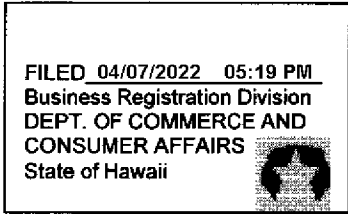
(Type/Print Name & Title)

**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**

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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>
<b>PRESIDENT</b>	<b>PHILIP GLADE</b>	<b>335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA</b>

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  
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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)

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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>
<b>PRESIDENT</b>	<b>PHILIP GLADE</b>	<b>335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA</b>

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.

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**07**

**APRIL, 2022**

Signed this

\_\_\_\_\_ day of \_\_\_\_\_

**PHILIP GLADE, PRESIDENT**

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

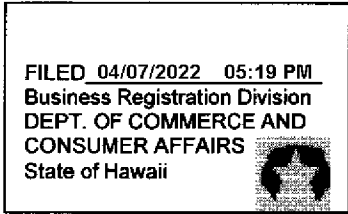
**PHILIP GLADE**

\_\_\_\_\_  
(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  
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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>
<b>PRESIDENT</b>	<b>PHILIP GLADE</b>	<b>335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA</b>

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.

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**07**

**APRIL, 2022**

Signed this

\_\_\_\_\_ day of \_\_\_\_\_

**PHILIP GLADE, PRESIDENT**

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

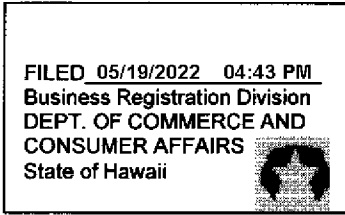
**PHILIP GLADE**

\_\_\_\_\_  
(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**

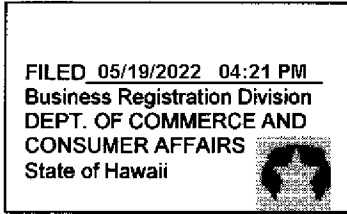
(Signature of Incorporator)

(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

BSA



06/18/202543296