

# Hawaii Business Express

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## Search results

Record Type

Status

Entity Type

Show  rows

Name	Formation Date	Record Type	File Number	Status
TAXIMOD CO	06/02/2020	CORPORATION	114446F1	DISSOLVED
HAWAII LIMOUSINE INC	06/03/2020	CORPORATION	114450F1	DISSOLVED
GIT WIRELESS INC	08/04/2020	CORPORATION	114669F1	DISSOLVED
SURFBOARD RENT INC	08/04/2020	CORPORATION	114658F1	DISSOLVED
TAXI CABBY CO	08/04/2020	CORPORATION	114663F1	DISSOLVED
OPT INCORPORATED	08/04/2020	CORPORATION	114667F1	DISSOLVED
AMENITY SUITES INC	08/04/2020	CORPORATION	114686F1	DISSOLVED
HAWAIIAN CORPORATION	08/05/2020	CORPORATION	318401D1	DISSOLVED
EQUAL MEDICINE ORG	11/20/2020	CORPORATION	318688D1	DISSOLVED
DEPOS INC	01/07/2021	NON-PROFIT	319349D1	DISSOLVED
IMPLEM INC	04/07/2021	CORPORATION	319491D1	DISSOLVED
CHIP INCORPORATED	04/17/2021	CORPORATION	319662D1	DISSOLVED
TAXICAB EQUIPMENT INC	05/11/2021	CORPORATION	319806D1	DISSOLVED
ERM INCORPORATED	06/03/2021	CORPORATION	320203D1	DISSOLVED
RF INCORPORATED	08/02/2021	CORPORATION	321041D1	DISSOLVED
NODES INCORPORATED	12/25/2021	CORPORATION	321056D1	DISSOLVED
CYANNE INC	02/14/2022	CORPORATION	321065D1	DISSOLVED
EXPRESSIONISM INC	02/20/2022	CORPORATION	321049D1	DISSOLVED
MEDIC ALASKA CO	03/04/2022	CORPORATION	117441F1	DISSOLVED
IRS, INC	04/08/2022	CORPORATION	117634F1	DISSOLVED
EQUAL ENERGY ORGANIZATION	04/08/2022	NON-PROFIT	321713D2	DISSOLVED
POM INCORPORATED	05/20/2022	CORPORATION	321991D1	DISSOLVED
YACHT INC	05/20/2022	CORPORATION	321992D1	DISSOLVED
AUTOOPTIMIZATION INC	05/20/2022	CORPORATION	321990D1	DISSOLVED
US, INC	06/24/2022	CORPORATION	116934F1	ACTIVE

Showing 1 to 25 of 25 entries

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



**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.

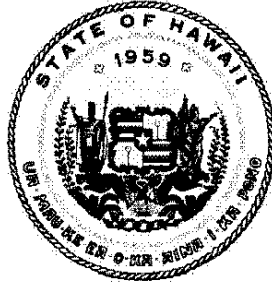
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

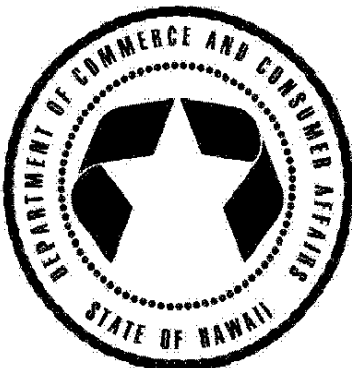
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/02/2020.

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. Awata-Colin*

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://hbe.ehawaii.gov/documents>

## Business Information

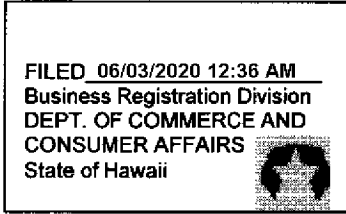
<b>MASTER NAME</b>	<b>TAXIMOD CO</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114446 F1</b>
<b>STATUS</b>	<b>2</b>
<b>PURPOSE</b>	<b>MODIFIES STOCK VEHICLES INTO TAXICABS THAT ARE READY FOR SERVICE.</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Delinquent</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 14, 2023</b>	<b>Processed</b>
<b>2021</b>	<b>Feb 14, 2023</b>	<b>Processed</b>

## Officers

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



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.

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

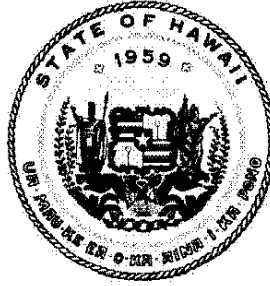


IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

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

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

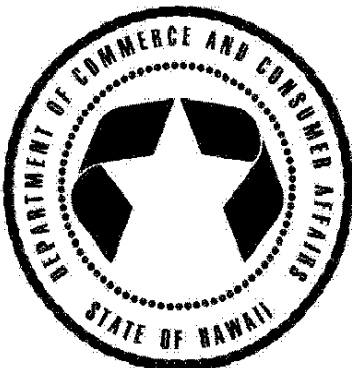
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/03/2020.

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. Awahi Colis*

Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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

## Business Information

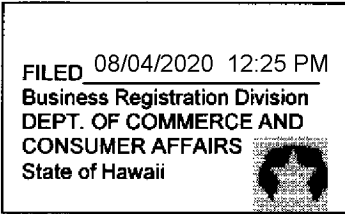
<b>MASTER NAME</b>	<b>HAWAII LIMOUSINE INC</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114450 F1</b>
<b>STATUS</b>	<b>Inv. Cancelled</b>
<b>PURPOSE</b>	<b>LIMOUSINE TRANSPORTATION SERVICE</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE</b>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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>
<b>2021</b>	<b>Jul 29, 2021</b>	<b>Processed</b>

## Officers

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



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)

**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(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**

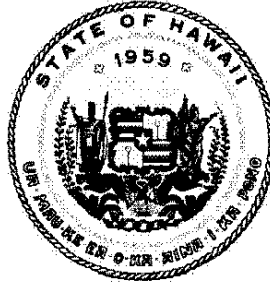
This entity was formed on April 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

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

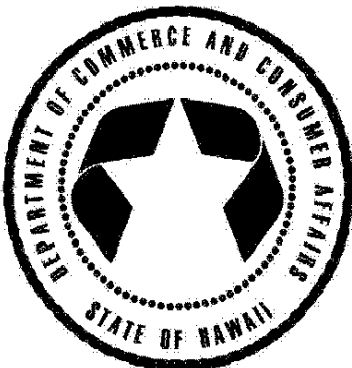
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/04/2020.

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://hbe.ehawaii.gov/documents>

## Business Information

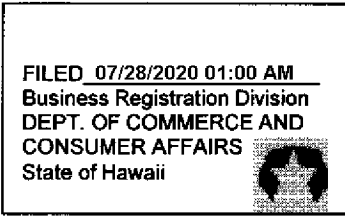
<b>MASTER NAME</b>	<b>GIT WIRELESS INC</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114669 F1</b>
<b>STATUS</b>	<b>1</b>
<b>PURPOSE</b>	<b>DEVELOPMENT, BRANDING, AND DISTRIBUTION OF ELECTRONICS</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE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

## Annual Filings

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

## Officers

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



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

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**.

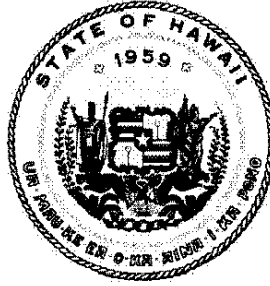
A handwritten signature in cursive script that reads "Julie Anderson".

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

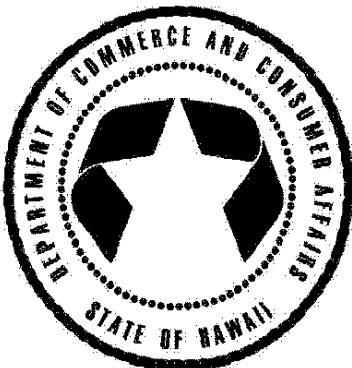
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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. Awala Colón*

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://hbe.ehawaii.gov/documents>

## Business Information

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

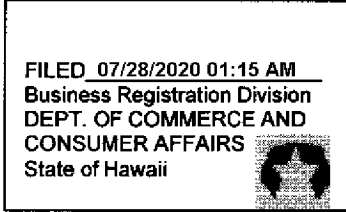
## Annual Filings

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

## Officers

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





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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
<b>PRESIDENT</b>	<b>THEODORE HAUGLAND</b>	<b>1036 UNION MALL #1000, HONOLULU, HI 96813 USA</b>

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.

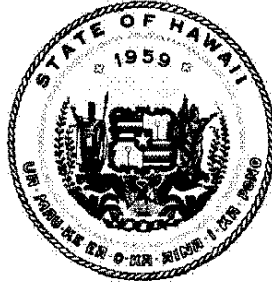
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

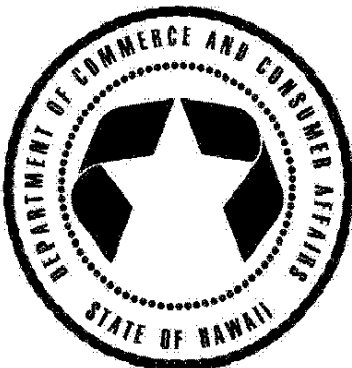
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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-Cobin*

Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

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

## Officers

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

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.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
<b>PRESIDENT</b>	<b>THEODORE HAUGLAND</b>	<b>1036 UNION MALL #1000, HONOLULU, HI 96813 USA</b>

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 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.

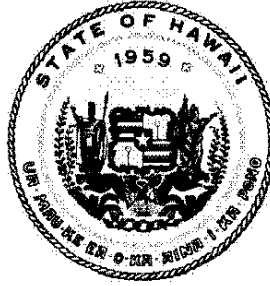
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

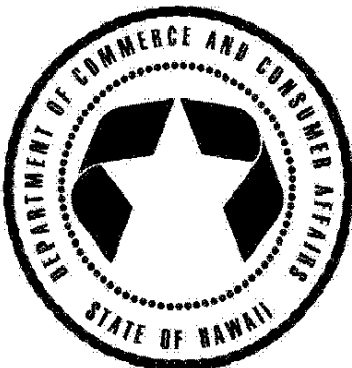
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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

*Cathy 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://hbe.ehawaii.gov/documents>

## Business Information

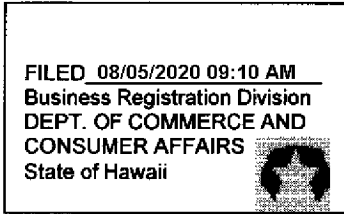
<b>MASTER NAME</b>	<b>OPT INCORPORATED</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114667 F1</b>
<b>STATUS</b>	<b>1</b>
<b>PURPOSE</b>	<b>531311 - RESIDENTIAL PROPERTY MANAGEMENT</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE</b>	<b>Jul 28,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

## Annual Filings

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

## Officers

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



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

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**.

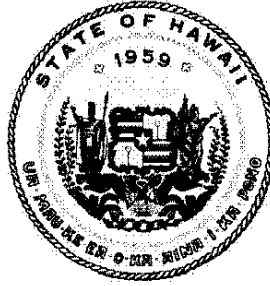
A handwritten signature in cursive script, appearing to read "Julie Anderson".

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

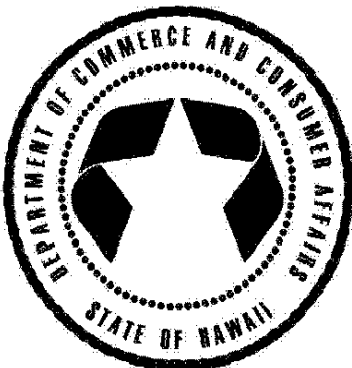
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/05/2020.

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. Awake 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://hbe.ehawaii.gov/documents>

## Business Information

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

## Annual Filings

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

## Officers

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



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**

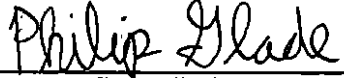
**PHILIP GLADE**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)



# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

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

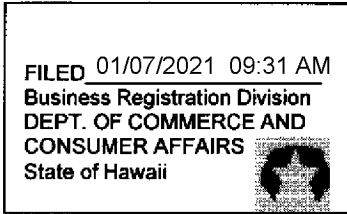
## Officers

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

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Oct 1, 2021</b>	<b>COMMON</b>	<b>1,000,000,000</b>	<b>500,000,000</b>		





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

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)

01/07/2021 45818

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**

01/07/2021 45818

# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

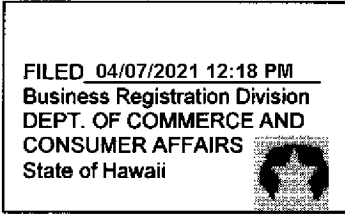
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Delinquent</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 13, 2023</b>	<b>Processed</b>

## Officers

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



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**

04/07/2021 12:18 PM

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

# DCCA State of Hawaii

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## Business Information

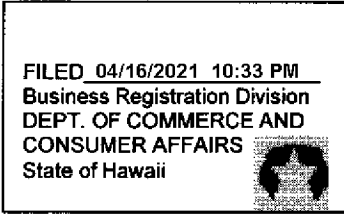
<b>MASTER NAME</b>	<b>DEPLOS INC.</b>
<b>BUSINESS TYPE</b>	<b>Domestic Profit Corporation</b>
<b>FILE NUMBER</b>	<b>319349 D1</b>
<b>STATUS</b>	<b>Inv. Dissolved</b>
<b>ORGANIZED IN</b>	<b>Hawaii UNITED STATES</b>
<b>INCORPORATION DATE</b>	<b>Apr 7, 2021</b>
<b>PRINCIPAL ADDRESS</b>	<b>150 HAMAKUA DR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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Apr 7, 2021</b>	<b>COMMON</b>	<b>1,000,000,000</b>			



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

# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Delinquent</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 14, 2023</b>	<b>Processed</b>

## Officers

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

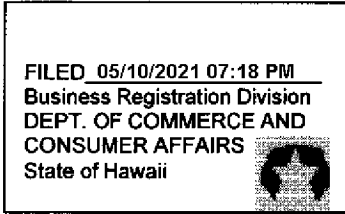
## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Apr 1, 2022</b>	<b>COMMON</b>	<b>1,000,000,000</b>	<b>500,000,000</b>		





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

# DCCA State of Hawaii

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

## Business Information

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

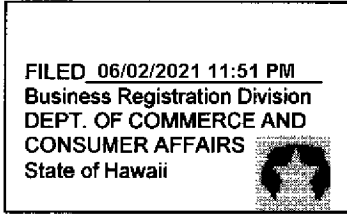
## Stocks

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

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 45396

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

# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Delinquent</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 27, 2023</b>	<b>Processed</b>

## Officers

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

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

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://hbe.ehawaii.gov/documents>

## Business Information

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

## Annual Filings

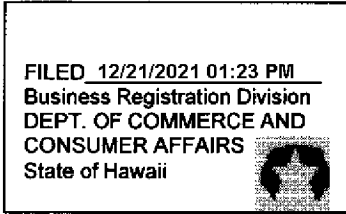
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Aug 6, 2021</b>	<b>COMMON</b>	<b>1,000,000,000</b>			



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

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

## Business Information

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

## Annual Filings

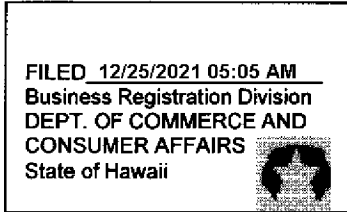
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Not Filed</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 14, 2023</b>	<b>Processed</b>

## Officers

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

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Oct 1, 2022</b>	<b>COMMON</b>	<b>1,000,000,000</b>	<b>500,000,000</b>		



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://hbe.ehawaii.gov/documents>

## Business Information

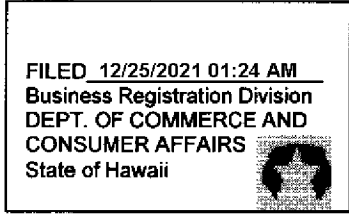
<b>MASTER NAME</b>	<b>NODES INCORPORATED</b>
<b>BUSINESS TYPE</b>	Domestic Profit Corporation
<b>FILE NUMBER</b>	321056 D1
<b>STATUS</b>	Inv. Dissolved
<b>ORGANIZED IN</b>	Hawaii UNITED STATES
<b>INCORPORATION DATE</b>	Dec 25, 2021
<b>PRINCIPAL ADDRESS</b>	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813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

# DCCA State of Hawaii

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

## Business Information

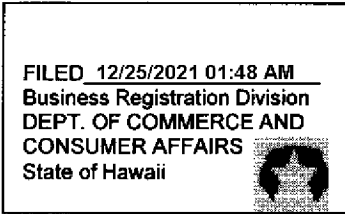
<b>MASTER NAME</b>	<b>CYANNE INC.</b>
<b>BUSINESS TYPE</b>	<b>Domestic Profit Corporation</b>
<b>FILE NUMBER</b>	<b>321065 D1</b>
<b>STATUS</b>	<b>Inv. Dissolved</b>
<b>ORGANIZED IN</b>	<b>Hawaii UNITED STATES</b>
<b>INCORPORATION DATE</b>	<b>Dec 25, 2021</b>
<b>PRINCIPAL ADDRESS</b>	<b>67-234 KAINALU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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Dec 25, 2021</b>	<b>COMMON</b>	<b>1,000,000,000</b>			



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

# DCCA State of Hawaii

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

## Business Information

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

## Annual Filings

<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>

## Stocks

<b>DATE</b>	<b>CLASS</b>	<b>SHARES</b>	<b>PAID SHARES</b>	<b>PAR VALUE</b>	<b>STOCK AMOUNT</b>
<b>Dec 25, 2021</b>	<b>COMMON</b>	<b>1,000,000,000</b>			



**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>
<b>PRESIDENT</b>	<b>THEODORE HAUGLAND</b>	<b>150 HAMAKUA DR UNIT 333, KAILUA, HI 96734 USA</b>

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 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:

### MEDIC ALASKA CO

This entity was formed on May 20, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

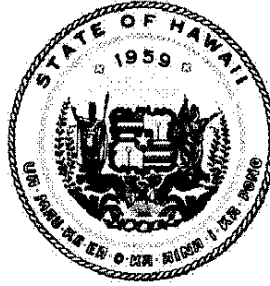
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **March 3, 2022**.

Julie Sande  
Commissioner

03/03/202245095



## 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

MEDIC ALASKA CO

incorporated under the laws of Alaska

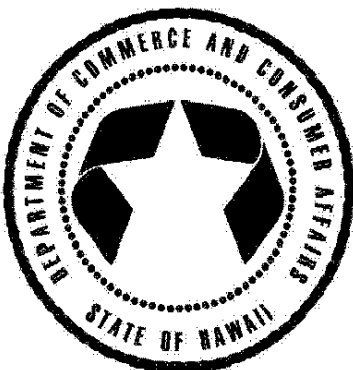
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 03/03/2022.

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: March 10, 2022



Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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

## Business Information

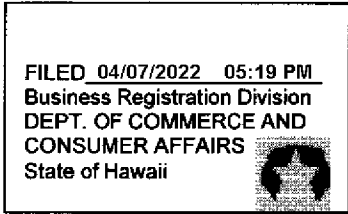
MASTER NAME	MEDIC ALASKA CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	117441 F1
STATUS	Inv. Cancelled
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Mar 3, 2022
PRINCIPAL ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES
MAILING ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES
AGENT NAME	CYNTHIA KOJA
AGENT ADDRESS	725 PIIKOI ST UNIT 1001 HONOLULU, Hawaii 96814 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

## Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	P	Mar 3, 2022
BOLINGER,CECILIA	V	Mar 3, 2022
GLADE,PHILIP	T	Mar 3, 2022
CANIZALES,KENIA	S	Mar 3, 2022
HARADA,MATTHEW	AT	Mar 3, 2022
NO,JUNG	AS	Mar 3, 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:

**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.

OFFICE HELD

NAME

ADDRESS

**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 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:

### IRS, INC

This entity was formed on April 7, 2022 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 **April 7, 2022**.

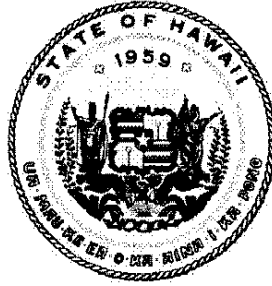
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande  
Commissioner

FILED 04/07/2022 05:19 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii



04/07/202246982



## 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

IRS, INC

incorporated under the laws of Alaska

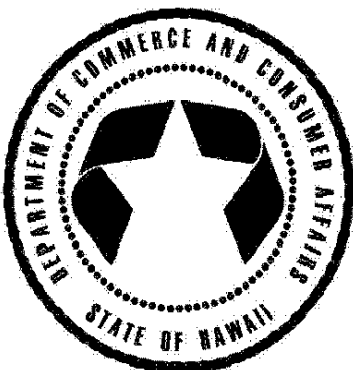
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

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: April 13, 2022

*Catherine P. Awata-Cole*

Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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

## Business Information

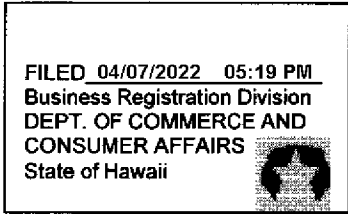
MASTER NAME	IRS, INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	117634 F1
STATUS	Inv. Cancelled
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Apr 7, 2022
PRINCIPAL ADDRESS	3300 ARTIC BLVD, STE 201-1013 ANCHORAGE, Alaska 99503 UNITED STATES
MAILING ADDRESS	3300 ARTIC BLVD, STE 201-1013 ANCHORAGE, Alaska 99503 UNITED STATES
AGENT NAME	THEODORE HAUGLAND
AGENT ADDRESS	330 SARATOGA RD UNIT 8845 HONOLULU, Hawaii 96830 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

## Officers

NAME	OFFICE	DATE
GLADE, PHILIP	P/D	Apr 7, 2022
SHEVCHENKO, ANTON	V/D	Apr 7, 2022
BOLINGER, CECILIA	T/D	Apr 7, 2022
CANIZALES, KENIA	S/D	Apr 7, 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:

**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 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:

### IRS, INC

This entity was formed on April 7, 2022 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 **April 7, 2022**.

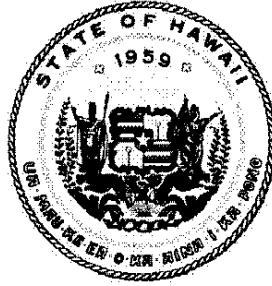
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande  
Commissioner

FILED 04/07/2022 05:19 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii



04/07/202246982



## 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

IRS, INC

incorporated under the laws of Alaska

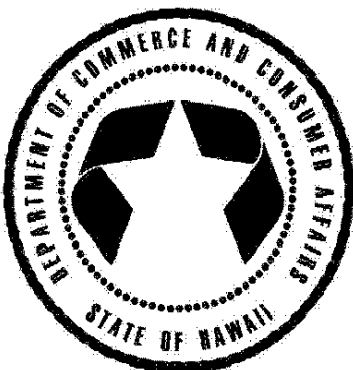
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

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: April 13, 2022

*Catherine P. Awata-Cole*

Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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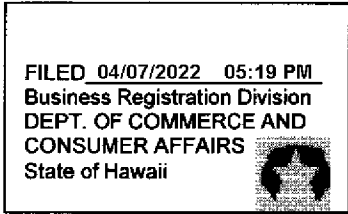
Website URL: <http://hbe.ehawaii.gov/documents>

## Business Information

MASTER NAME	EQUAL ENERGY ORGANIZATION
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	321713 D2
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 8, 2022
PRINCIPAL ADDRESS	722 HUIKAHI ST PEARL CITY, Hawaii 96782 UNITED STATES
MAILING ADDRESS	722 HUIKAHI ST PEARL CITY, Hawaii 96782 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent



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.

OFFICE HELD

NAME

ADDRESS

**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 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:

### IRS, INC

This entity was formed on April 7, 2022 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 **April 7, 2022**.

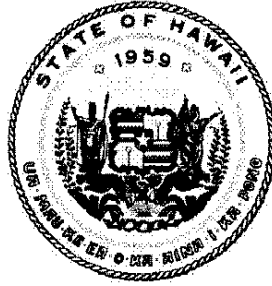
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande  
Commissioner

FILED 04/07/2022 05:19 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii



04/07/202246982



## 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

IRS, INC

incorporated under the laws of Alaska

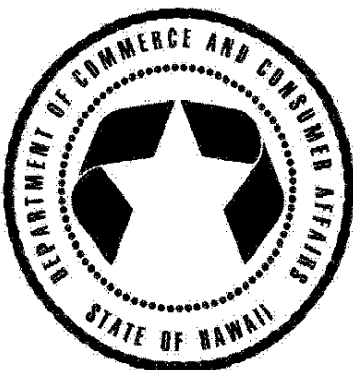
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

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: April 13, 2022

*Catherine P. Awata-Colin*

Director of Commerce and Consumer Affairs



# DCCA State of Hawaii

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

## Business Information

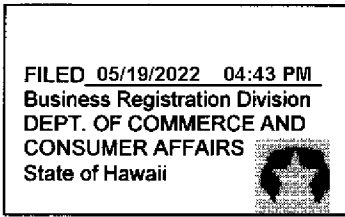
MASTER NAME	POM INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321991 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	444 NIU ST PH 4302 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 4302 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	DESIREE VEGA
AGENT ADDRESS	2941 KALIHI ST HONOLULU, Hawaii 96813 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

## Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	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 :

**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

V. Addendum

The name and address of each incorporator is:

Name

CYNTHIA S KOJA

GRANT W GRIBBLE

JUNG NO

DAWN UNGA-STICK

Address

1055 ALOHIKEA ST, APT 513, KAPOLEI, HI 96707 USA

1055 ALOHIKEA ST, APT 513, KAPOLEI, HI 96707 USA

718 AHUWALE ST, HONOLULU, HI 96822 USA

1931 KAMEHAMEHA HWY, HALEIWA, HI 96712 USA

05/19/2022 45926

# DCCA State of Hawaii

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

## Business Information

MASTER NAME	YACHT INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321992 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	JOSHUA SHADE
AGENT ADDRESS	47-202 IUIU ST KANEEOHE, Hawaii 96744 UNITED STATES

## Annual Filings

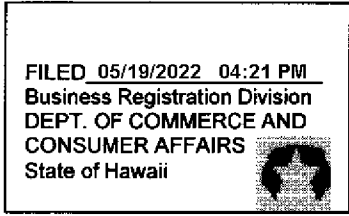
FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

## Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	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 :

**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

V. Addendum

The name and address of each incorporator is:

Name

**ERICA LUNA**

**ANTON SHEVCHENKO**

Address

**47-202 IUIU ST, KANEOHE, HI 96744 USA**

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

05/19/2022 45920

# DCCA State of Hawaii

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

## Business Information

MASTER NAME	AUTOOPTIMIZATION INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321990 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	444 NIU STREET PENTHOUSE 501 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU STREET PENTHOUSE 501 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		Delinquent
2024		Delinquent
2023		Delinquent

## Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	COMMON	1,000,000,000			

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

# DCCA State of Hawaii

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

## Business Information

MASTER NAME	US, INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	116934 F1
STATUS	1
PURPOSE	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
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Nov 14, 2021
PRINCIPAL ADDRESS	1931 KAMEHAMEHA HWY HALEIWA, Hawaii 96712-0000 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST BLDG B LAIE, Hawaii 96762-1200 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	55-706 WAHINEPEE ST BLDG B STE 2 LAIE, Hawaii 96762-1200 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023	Jun 18, 2025	Processed
2022	Feb 12, 2023	Processed

## Officers

<b>NAME</b>	<b>OFFICE</b>	<b>DATE</b>
HAUGLAND, THEODORE	P/C/CEO	Oct 1, 2023
UNGA, DAWN	V/D/VC	Oct 1, 2023
STICK, GARY	T/D/CO	Oct 1, 2023