

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.

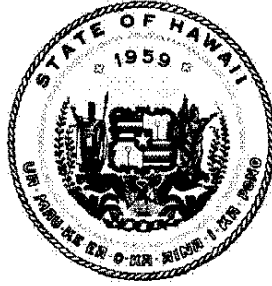
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

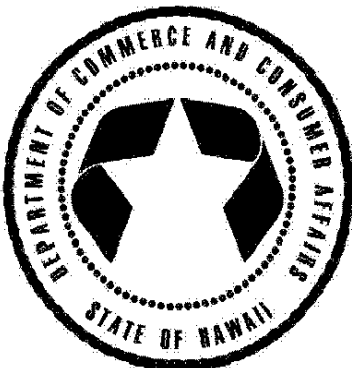
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/02/2020.

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

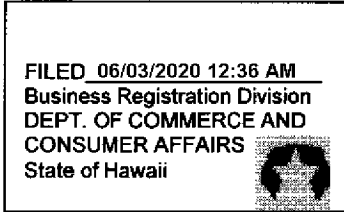
<b>MASTER NAME</b>	<b>TAXIMOD CO</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114446 F1</b>
<b>STATUS</b>	<b>2</b>
<b>PURPOSE</b>	<b>MODIFIES STOCK VEHICLES INTO TAXICABS THAT ARE READY FOR SERVICE.</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION 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  
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**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION**

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

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

1. The corporation is (check one):

Profit  
(F/\$50/B11)

Nonprofit  
(F\$25/B53)

2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

**HAWAII LIMOUSINE INC**

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

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

5. The corporation was incorporated on: **JUN 3, 2020**

(Month Day Year)

6. Mailing address of the principal office is:

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

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

**END ENTERPRISES, INCORPORATED**

**HAWAII**

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

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

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**KENIA CANIZALES**

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

06/03/202046725

VICE PRESIDENT

THEODORE HAUGLAND

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

TREASURER

PHILIP GLADE

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

SECRETARY

CECILIA BOLINGER

1308 CHERRY STREET, EUDORA, KS 66025 USA

ASSISTANT TREASURER

MUSTAFA ABDALHASSAN

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

ASSISTANT SECRETARY

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

03

JUNE, 2020

Signed this

day of

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/03/202046725

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

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

# Certificate of Compliance

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

## HAWAII LIMOUSINE INC

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

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

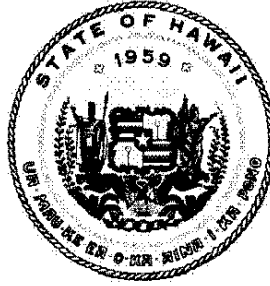


IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

A handwritten signature in cursive script, appearing to read "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

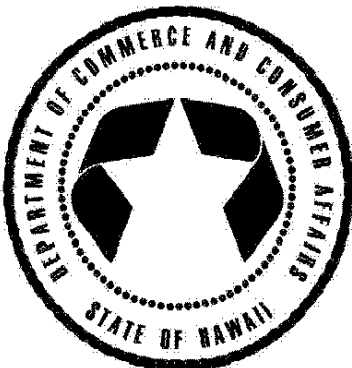
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/03/2020.

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

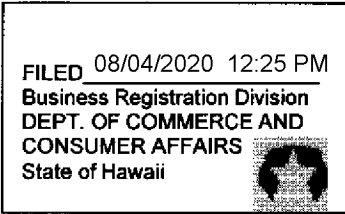
<b>MASTER NAME</b>	<b>HAWAII LIMOUSINE INC</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114450 F1</b>
<b>STATUS</b>	<b>Inv. Cancelled</b>
<b>PURPOSE</b>	<b>LIMOUSINE TRANSPORTATION SERVICE</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE</b>	<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**

**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**

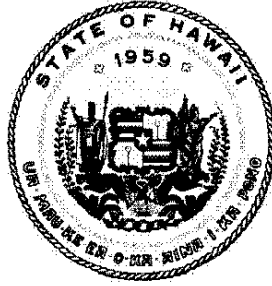
This entity was formed on April 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

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

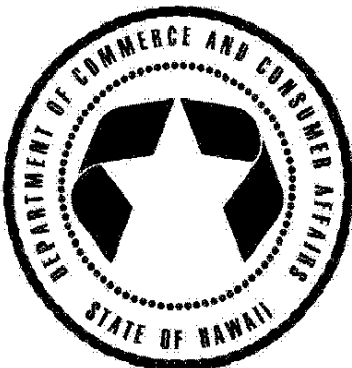
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/04/2020.

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

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## Business Information

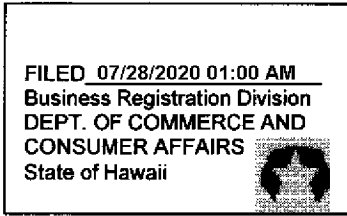
<b>MASTER NAME</b>	<b>GIT WIRELESS INC</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114669 F1</b>
<b>STATUS</b>	<b>1</b>
<b>PURPOSE</b>	<b>DEVELOPMENT, BRANDING, AND DISTRIBUTION OF ELECTRONICS</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE</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

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- 1. The corporation is (check one):  Profit (F/\$50/B11)  Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:  
**SURFBOARD RENT INC**

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

4. The corporation was incorporated in: ALASKA

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

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

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

**TAXIMOD CO**      **114446F1**      **ALASKA**  
\_\_\_\_\_  
(Name of Registered Agent)      (State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

**1036 UNION MALL #1000, HONOLULU, HI 96813 USA**

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

<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**.

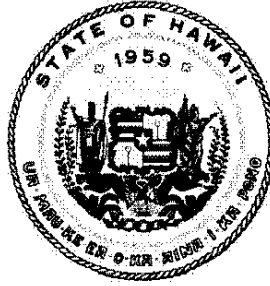
A handwritten signature in cursive script that reads "Julie Anderson".

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

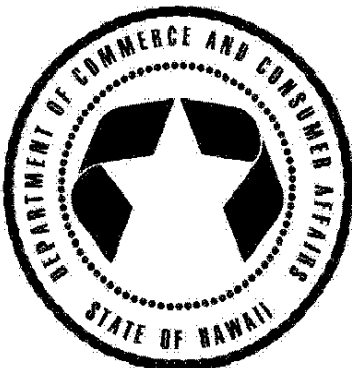
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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>

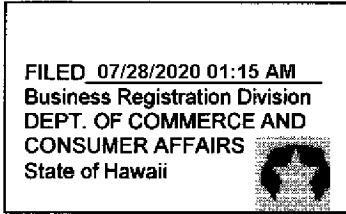
## Annual Filings

<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.

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**THEODORE HAUGLAND**

**1036 UNION MALL #1000, HONOLULU, HI 96813 USA**

07/28/202046698

**VICE PRESIDENT**

**KENIA CANIZALES**

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

**SECRETARY**

**PHILIP GLADE**

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

**ASSISTANT SECRETARY**

**JONATHON PORTILLO**

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

**TREASURER**

**CINDY GONZALEZ**

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

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

**28**

**JULY,2020**

Signed this

day of

**THEODORE HAUGLAND, PRESIDENT**

(Type/Print Name & Title)

**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046698

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

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



# Certificate of Compliance

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

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

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

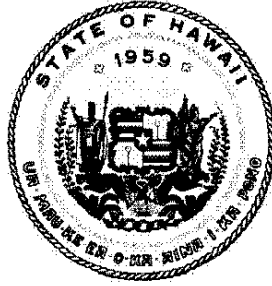
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

Julie Anderson  
Commissioner

07/28/202046698



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF AUTHORITY

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

TAXI CABBY CO

incorporated under the laws of Alaska

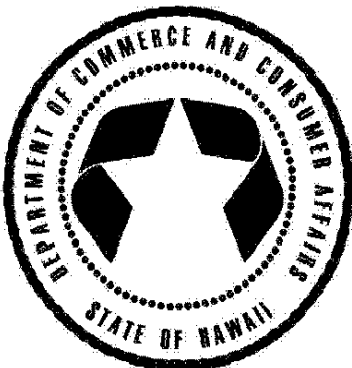
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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

Dated: August 04, 2020

*Catherine P. Awata-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.

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**THEODORE HAUGLAND**

**1036 UNION MALL #1000, HONOLULU, HI 96813 USA**

GH

07/28/202046700

GH

**VICE PRESIDENT**

**KENIA CANIZALES**

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

**TREASURER**

**PHILIP GLADE**

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

**SECRETARY**

**CECILIA BOLINGER**

**1038 CHERRY ST, EUDORA, KS 66025 USA**

**ASSISTANT TREASURER**

**CHRISTOPHER HAUGLAND**

**205 COTTONWOOD DR, LANSING, KS 66043 USA**

GH

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

**28**

**JULY, 2020**

Signed this

day of

**THEODORE HAUGLAND, PRESIDENT**

(Type/Print Name & Title)

**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046700

State of 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.

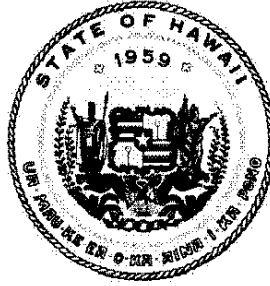
No information is available in this office on the financial condition, business activity or practices of this corporation.



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

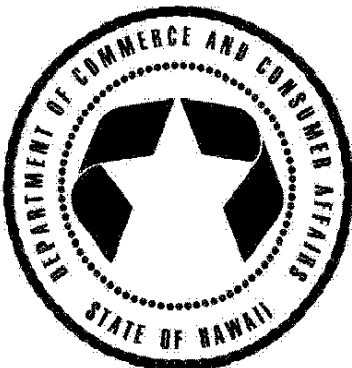
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

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

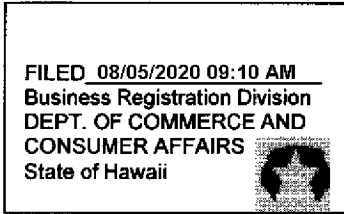
<b>MASTER NAME</b>	<b>OPT INCORPORATED</b>
<b>BUSINESS TYPE</b>	<b>Foreign Profit Corporation</b>
<b>FILE NUMBER</b>	<b>114667 F1</b>
<b>STATUS</b>	<b>1</b>
<b>PURPOSE</b>	<b>531311 - RESIDENTIAL PROPERTY MANAGEMENT</b>
<b>ORGANIZED IN</b>	<b>Alaska UNITED STATES</b>
<b>REGISTRATION DATE</b>	<b>Jul 28, 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**.

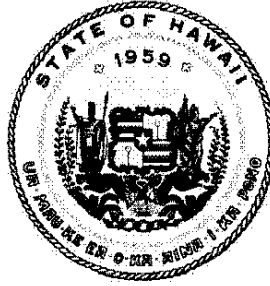
A handwritten signature in cursive script, appearing to read "Julie Anderson".

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

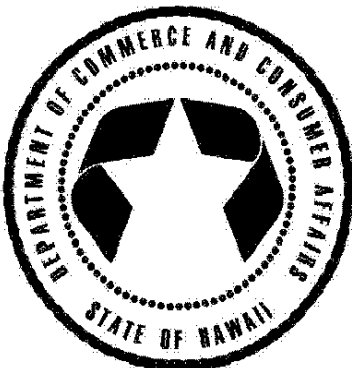
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/05/2020.

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

*Cathy P. Awata 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>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**

11/20/2020 02:58 AM: sess 10037

11/20/2020 02:58 AM: sess 10037

v

The name and address of each incorporator is:

Name

Address

THEODORE HAUGLAND

444 NIU ST PH 501, HONOLULU, HI 96815 USA

KENIA CANIZALES

444 NIU ST PH 504, HONOLULU, HI 96815 USA

PHILIP GLADE

444 NIU ST PH 502, HONOLULU, HI 96815 USA

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

05

NOVEMBER 2020

Signed this \_\_\_\_\_ day of \_\_\_\_\_

**THEODORE HAUGLAND**

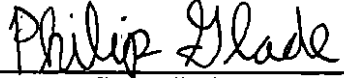
**PHILIP GLADE**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)



# 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>

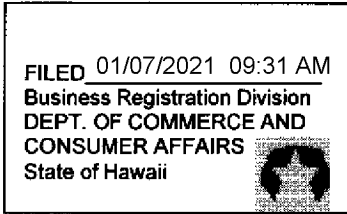
## Officers

<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)

01/07/202145818

IV. Addendum

The name and address of each incorporator is:

Name

**GRANT GRIBBLE**

**CYNTHIA KOJA**

Address

**275 PIIKOI ST #1002, HONOLULU, HI 96814 USA**

**275 PIIKOI ST #1001, HONOLULU, HI 96814 USA**

01/07/202145818

# DCCA State of Hawaii

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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

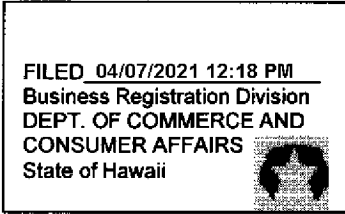
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Delinquent</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 13, 2023</b>	<b>Processed</b>

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

## Business Information

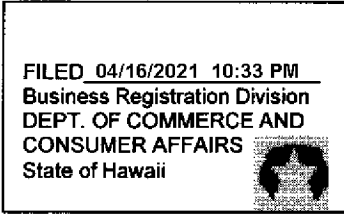
<b>MASTER NAME</b>	<b>DEPLOS INC.</b>
<b>BUSINESS TYPE</b>	<b>Domestic Profit Corporation</b>
<b>FILE NUMBER</b>	<b>319349 D1</b>
<b>STATUS</b>	<b>Inv. Dissolved</b>
<b>ORGANIZED IN</b>	<b>Hawaii UNITED STATES</b>
<b>INCORPORATION DATE</b>	<b>Apr 7, 2021</b>
<b>PRINCIPAL ADDRESS</b>	<b>150 HAMAKUA DR 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>

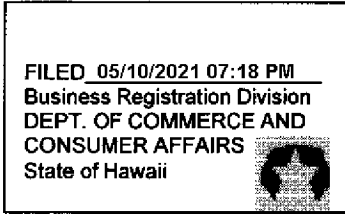
## Stocks

<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

Downloaded on October 6, 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>	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

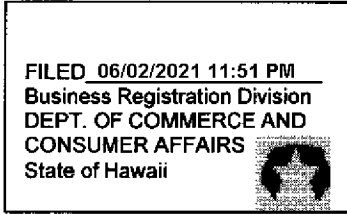
## Stocks

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 14:53:96

The name and address of each incorporator is:

Name

**MATTHEW HARADA**

**SAMUEL PASCUA**

**CHRISTOPHER HAUGLAND**

**AMORA HAUGLAND**

**KARINA HAUGLAND**

**EVA CANIZALES**

Address

**725 PIIKOI ST APT 1001, HONOLULU, HI 96815 USA**

**1752 KEALIA DR, HONOLULU, HI 96815 USA**

**444 NIU ST APT 4301, HONOLULU, HI 96815 USA**

**444 NIU ST APT 4302, HONOLULU, HI 96815 USA**

**444 NIU ST APT 4304, HONOLULU, HI 96815 USA**

**444 NIU ST PH 504, HONOLULU, HI 96815 USA**

06/02/2021 45396

# 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

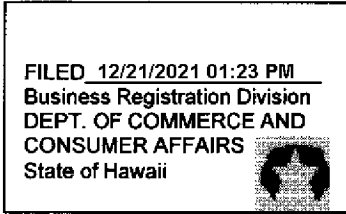
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>		<b>Delinquent</b>

## 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 45528

V

The name and address of each incorporator is:

Name

**ANTON SHEVCHENKO**

**THEODORE HAUGLAND**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

**4159 PAHOA AVE, HONOLULU, HI 96816 USA**

**444 NIU ST PH 501, HONOLULU, HI 96815 USA**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

21

DECEMBER 2021

Signed this \_\_\_\_\_ day of \_\_\_\_\_

**THEODORE HAUGLAND**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**

(Signature of Incorporator)

(Signature of Incorporator)

12/21/2021 45528

# 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

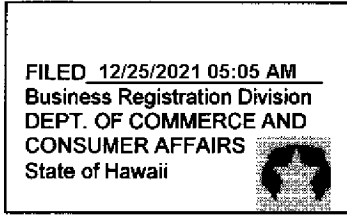
<b>FILING YEAR</b>	<b>DATE RECEIVED</b>	<b>STATUS</b>
<b>2025</b>		<b>Not Filed</b>
<b>2024</b>		<b>Delinquent</b>
<b>2023</b>		<b>Delinquent</b>
<b>2022</b>	<b>Feb 14, 2023</b>	<b>Processed</b>

## 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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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

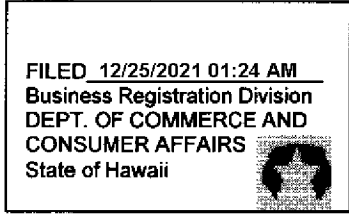
<b>MASTER NAME</b>	<b>NODES INCORPORATED</b>
<b>BUSINESS TYPE</b>	Domestic Profit Corporation
<b>FILE NUMBER</b>	321056 D1
<b>STATUS</b>	Inv. Dissolved
<b>ORGANIZED IN</b>	Hawaii UNITED STATES
<b>INCORPORATION DATE</b>	Dec 25, 2021
<b>PRINCIPAL ADDRESS</b>	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813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

Downloaded on October 7, 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

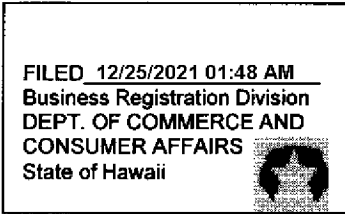
<b>MASTER NAME</b>	<b>CYANNE INC.</b>
<b>BUSINESS TYPE</b>	<b>Domestic Profit Corporation</b>
<b>FILE NUMBER</b>	<b>321065 D1</b>
<b>STATUS</b>	<b>Inv. Dissolved</b>
<b>ORGANIZED IN</b>	<b>Hawaii UNITED STATES</b>
<b>INCORPORATION DATE</b>	<b>Dec 25, 2021</b>
<b>PRINCIPAL ADDRESS</b>	<b>67-234 KAINALU 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**

\_\_\_\_\_  
\_\_\_\_\_  
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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)

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## 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

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