

FILED 06/02/2020 10:01 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

Internet FORM FC-1  
0602202046715 7/2010



**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION**  
(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

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

3. The name of the corporation is:

**TAXIMOD CO**

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

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

5. The corporation was incorporated on: **JUN 2, 2020**  
(Month Day Year)

6. Mailing address of the principal office is:

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

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

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

**END ENTERPRISES, INCORPORATED**

**307870D1**

**HAWAII**

(Name of Registered Agent)

(State or Country)

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

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

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

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**KENIA CANIZALES**

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

VICE PRESIDENT

THEODORE HAUGLAND

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

TREASURER

PHILIP GLADE

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

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

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

02

JUNE, 2020

Signed this

day of

**KENIA CANIZALES, PRESIDENT**

(Type/Print Name & Title)

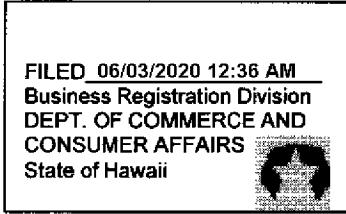
**KENIA CANIZALES**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/02/202046715



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
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(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

3. The name of the corporation is:  
**HAWAII LIMOUSINE INC**

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

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

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

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

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

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

**END ENTERPRISES, INCORPORATED**

**HAWAII**

(Name of Registered Agent)

(State or Country)

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

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

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

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	KENIA CANIZALES	1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

06/03/202046725

VICE PRESIDENT

THEODORE HAUGLAND

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

TREASURER

PHILIP GLADE

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

SECRETARY

CECILIA BOLINGER

1308 CHERRY STREET, EUDORA, KS 66025 USA

ASSISTANT TREASURER

MUSTAFA ABDALHASSAN

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

ASSISTANT SECRETARY

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

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

03

JUNE, 2020

Signed this

day of

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

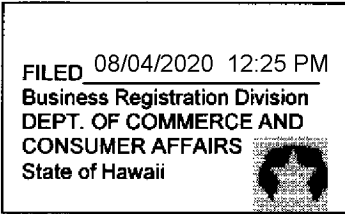
KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/03/202046725



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

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3. The name of the corporation is:

**GIT WIRELESS INC**

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

4. The corporation was incorporated in: ALASKA

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

6. Mailing address of the principal office is:

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

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

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

114446F1

**TAXIMOD CO**

**HAWAII**

(Name of Registered Agent)

(State or Country)

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

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

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

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**THEODORE HAUGLAND**

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

07/28/202046699

**VICE PRESIDENT**

**PHILIP GLADE**

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

**TREASURER**

**KENIA CANIZALES**

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

**SECRETARY**

**CECILIA BOLINGER**

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

**ASSISTANT TREASURER**

**MUSTAFA ABDALHASSAN**

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

**ASSISTANT SECRETARY**

**CHRISTOPHER HAUGLAND**

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

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

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

**28**

**JULY, 2020**

Signed this

day of

**THEODORE HAUGLAND, PRESIDENT**

(Type/Print Name & Title)

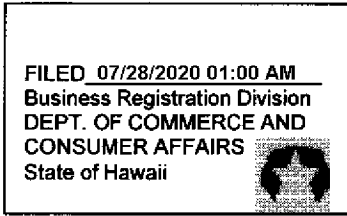
**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046699



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

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

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

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

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

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

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

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

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

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

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

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

OFFICE HELD	NAME	ADDRESS
<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)

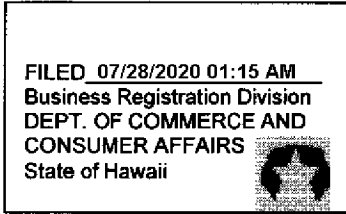
**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046697



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
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(Section 414-433, 414D-273, Hawaii Revised Statutes)

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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:

**TAXI CABBY CO**

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

4. The corporation was incorporated in: ALASKA

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

6. Mailing address of the principal office is:

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

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

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

**TAXIMOD CO**

~~HAWAII~~ ALASKA

(Name of Registered Agent)

(State or Country)

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

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

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

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

07/28/202046698

**VICE PRESIDENT**

**KENIA CANIZALES**

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

**SECRETARY**

**PHILIP GLADE**

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

**ASSISTANT SECRETARY**

**JONATHON PORTILLO**

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

**TREASURER**

**CINDY GONZALEZ**

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

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

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

**28 JULY,2020**

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

**THEODORE HAUGLAND, PRESIDENT**

(Type/Print Name & Title)

**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046698

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  
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Internet FORM FC-1  
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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:

**OPT INC ORPORATED**

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

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

5. The corporation was incorporated on: **APR 23, 2020**

(Month Day Year)

6. Mailing address of the principal office is:

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

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

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

**TAXIMOD CO**

~~HAWAII~~ **ALASKA**

(Name of Registered Agent)

(State or Country)

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

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

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

OFFICE HELD

NAME

ADDRESS

**PRESIDENT**

**THEODORE HAUGLAND**

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

GH

07/28/202046700

GH

VICE PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI  
96817 USA

TREASURER

PHILIP GLADE

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

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

ASSISTANT TREASURER

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

GH

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

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

28

JULY, 2020

Signed this

day of

**THEODORE HAUGLAND, PRESIDENT**

(Type/Print Name & Title)

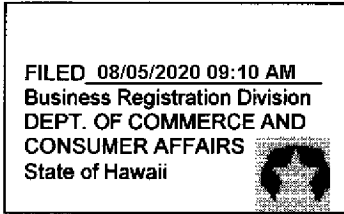
**THEODORE HAUGLAND**

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046700



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

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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:  
**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



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

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

**ARTICLES OF INCORPORATION**  
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

**HAWAIIAN CORPORATION**

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

II

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

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

III

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

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

**THEODORE HAUGLAND**

(Name of Registered Agent)

(State or Country)

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

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

IV

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

**1,000,000,000**

v

The name and address of each incorporator is:

Name

**THEODORE HAUGLAND**

**KENIA CANIZALES**

**PHILIP GLADE**

Address

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

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

**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**

(Type/Print Name of Incorporator)

**PHILIP GLADE**

(Type/Print Name of Incorporator)

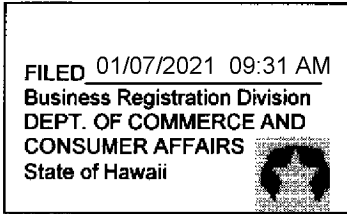
(Signature of Incorporator)



(Signature of Incorporator)

11/20/20202: sess 10037

11/20/20202: sess 10037



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727



**ARTICLES OF INCORPORATION**  
(Section 414D-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

**EQUAL MEDICINE ORGANIZATION**

II

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

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

III

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

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

**THEODORE HAUGLAND**

(Name of Registered Agent)

(State or Country)

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

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

01/07/202145818

IV

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<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**

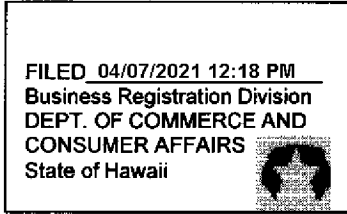
(Signature of Incorporator)

(Signature of Incorporator)

01/07/202145818



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)

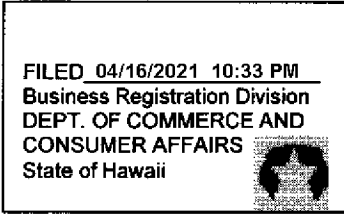
(Type/Print Name of Incorporator)

**PHILIP GLADE**

(Signature of Incorporator)

(Signature of Incorporator)

04/07/2021 48461



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

**ARTICLES OF INCORPORATION**  
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

**IMPLEM INC.**

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

II

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

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

III

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

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

**THEODORE HAUGLAND**

(Name of Registered Agent)

(State or Country)

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

**1717 ALA WAI #1110, HONOLULU, HI 96815 USA**

IV

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

**1,000,000,000**

04/16/2021 56014

V

The name and address of each incorporator is:

Name

**PHILIP GLADE**

Address

**PO BOX 19616, LAS VEGAS, NV 89132 USA**

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

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

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

16

APRIL 2021

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

**PHILIP GLADE**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

**PHILIP GLADE**

(Signature of Incorporator)

(Signature of Incorporator)

04/16/2021 56014



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

FILED 05/10/2021 07:18 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

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**

05/10/2021 145777

V

The name and address of each incorporator is:

Name

**PHILIP GLADE**

**CECILIA BOLINGER**

**KENIA CANIZALES**

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

Address

**444 NIU ST PH 502, HONOLULU, HI 96815 USA**

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

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

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

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

10

MAY 2021

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

**PHILIP GLADE**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

**PHILIP GLADE**

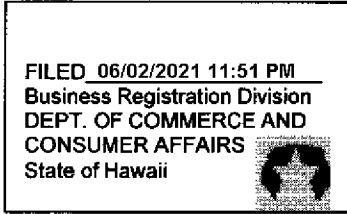
(Signature of Incorporator)

(Signature of Incorporator)

05/10/2021 45777



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION  
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

**TAXICAB EQUIPMENT INC.**

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

II

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

**3206 AHINAHINA PL, HONOLULU, HI 96816 USA**

III

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

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

**OPT INCORPORATED**

**114667F1**

**ALASKA**

(Name of Registered Agent)

(State or Country)

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

**330 MERCHANT ST UNIT 66, HONOLULU, HI 96813 USA**

IV

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

**1,000,000,000**

06/02/2021 145396

V

The name and address of each incorporator is:

Name

**PHILIP GLADE**

**KENIA CANIZALES**

**THEODORE HAUGLAND**

**CECILIA BOLINGER**

**CYNTHIA KOJA**

Address

**444 NIU ST PH 502, HONOLULU, HI 96815 USA**

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

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

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

**725 PIIKOI ST APT 1002, HONOLULU, HI 96815 USA**

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

02

JUNE 2021

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

**KENIA CANIZALES**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

**KENIA CANIZALES**

(Signature of Incorporator)

(Signature of Incorporator)

06/02/2021 45396

The name and address of each incorporator is:

Name

**MATTHEW HARADA**

**SAMUEL PASCUA**

**CHRISTOPHER HAUGLAND**

**AMORA HAUGLAND**

**KARINA HAUGLAND**

**EVA CANIZALES**

Address

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

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

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

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

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

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

06/02/2021 45396



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)

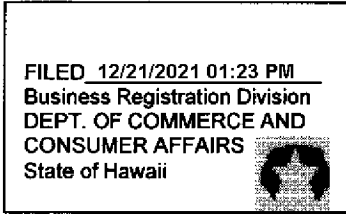
*Theodore Haugland*  
(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**  
(Signature of Incorporator)

*Theodore Haugland*  
(Signature of Incorporator)



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727



**ARTICLES OF INCORPORATION**  
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

**RF INCORPORATED**

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

II

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

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

III

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

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

**PHILIP GLADE**

(Name of Registered Agent)

(State or Country)

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

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

IV

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

**1,000,000,000**

12/21/2021 45528

V

The name and address of each incorporator is:

Name

**ANTON SHEVCHENKO**

**THEODORE HAUGLAND**

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

Address

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

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

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

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

21

DECEMBER 2021

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

**THEODORE HAUGLAND**

(Type/Print Name of Incorporator)

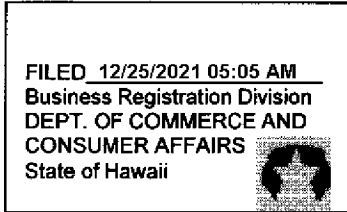
(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**

(Signature of Incorporator)

(Signature of Incorporator)

12/21/2021 45528



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

NODES INCORPORATED

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

II

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

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

III

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

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

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

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

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

IV

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

1,000,000,000

12/25/2021 45982

V

The name and address of each incorporator is:

Name

**ANTON SHEVCHENKO**

**THEODORE HAUGLAND**

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

Address

**1050 BISHOP ST, UNIT 317, HONOLULU, HI 96816 USA**

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

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

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

25

DECEMBER 2021

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

**THEODORE HAUGLAND**

(Type/Print Name of Incorporator)

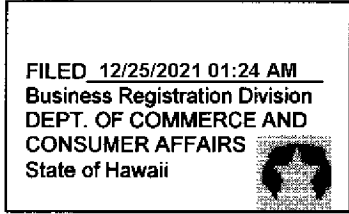
(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45982



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

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

I

The name of the corporation shall be :

CYANNE INC.

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

II

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

67-234 KAINALU ST, WAIALUA, HI 96791 USA

III

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

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

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

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

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

IV

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

1,000,000,000

12/25/2021 45978

V

The name and address of each incorporator is:

Name

**CYANNE MORELAND**

**THEODORE HAUGLAND**

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

Address

**67-234 KAINALU ST, WAIALUA, HI 96791 USA**

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

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

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

25

DECEMBER 2021

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

**THEODORE HAUGLAND**

(Type/Print Name of Incorporator)

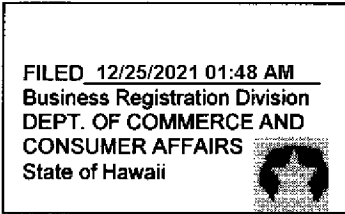
(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45978



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

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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DECEMBER 2021

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

**THEODORE HAUGLAND**

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

**THEODORE HAUGLAND**

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45979