STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS



THE DIRECTOR'S OFFICIAL CERTIFICATION APPEARS ON THE BACK OF THE FIRST PAGE OF THE ATTACHED DOCUMENT.

	(The name must contain the	e words Limited Liability Company or the abbreviation L.L.C.	. or LLC)
		II	
	nailing address of the initial principal office is: BOX 5258, HILO, HI 96720 USA		
100	0200, 11120, 111 00720 00A		p-
		III	
	ompany shall have and continuously maintain in the State an individual who resides in this State, a domestic er		
a.	The name (and state or country of incorporation, for is: PAUL J SULLA	mation or organization, if applicable) of the com	pany's registered agent in the State of Hawa
	(Name of F	Registered Agent)	(State or Country)
b.	The street address of the place of business of the p served on or sent to the entity represented by it may	erson in State of Hawaii to which service of proc / be delivered to is:	cess and other notice and documents being
	106 KAMEHAMEHA AVE, HILO, HI 96720	USA	
		IV	
The na	ame and address of each organizer is:		
	PAUL J SULLA	PO BOX 5258, P O BOX 5	5258, HILO, HI 96720 USA

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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

335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



Internet FORM LLC-1 0201201648616 **7/2010**

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

(Section 428-203 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK	**************************************				
The undersigned, for the purpose of forming a limited liability on and execute these Articles of Organization:	company under the laws of the State of Hawaii, do he	ereby make			
	1				
The name of the company shall be:					
(The name must contain the	words Limited Liability Company or the abbreviation L.L.C. or LLC	0)			
	II				
The mailing address of the initial principal office is: PO BOX 5258, HILO, HI 96720 USA					
•	111				
The company shall have and continuously maintain in the Starmay be an individual who resides in this State, a domestic ent					
The name (and state or country of incorporation, forr is:	nation or organization, if applicable) of the company	's registered agent in the State of Hawa			
PAUL J SULLA		1			
(Name of R	tegistered Agent)	(State or Country)			
b. The street address of the place of business of the pe served on or sent to the entity represented by it may	and other notice and documents being				
106 KAMEHAMEHA AVE, HILO, HI 96720	106 KAMEHAMEHA AVE, HILO, HI 96720 USA				
	N/				
	IV				
The name and address of each organizer is:					
PAUL J SULLA	PO BOX 5258, PO BOX 5258	PO BOX 5258, PO BOX 5258, HILO, HI 96720 USA			

I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.



Date: December 29, 2016

The p	period of duration is (check one):	V	0201201648616 7/2		
	X At-will				
	For a specified term to expire on:				
		(Month Day Year)			
The co	empany is (check one):	VI			
а.	Manager-managed, and the names and addresses of the initial managers are listed in paragraph "c", and the number of initial members are: 2 Member-managed, and the names and addresses of the initial members are listed in paragraph "c". List the names and addresses of the initial managers if the company is Manager-managed, or List the names and addresses of the initial members if the company is Member-managed.				
b.					
c.					
	PAUL J SULLA	SA			
-					
T					
	constitute company (check one):	/II			
X	Shall not be liable for the debts, obligations and liabilities of the	company.			
	Shall be liable for all debts, obligations and liabilities of the comp	any.			
	Shall be liable for all or specified debts, obligations and liabilities adoption of this provision or to be bound by this provision.	of the company <i>as stated below</i> , and have	e consented in writing to the		
We certify, t sign this Arti Signed this	under the penalties set forth in the Hawaii Uniform Limited Liability in icles of Organization, and that the above statements are true and c	Company Act, that we have read the above orrect to the best of our knowledge and beli	statements, I am authorized to ef.		
	PAUL J SULLA				
	(Type/Print Name of Organizer) PAUL J SULLA	(Type/Print Name of Or	ganizer)		
	(Signature of Organizer)	(Signature of Organ	(Zer)		