Factual Report – Attachment 21

OPC Hawaii Records

OPERATIONAL FACTORS

WPR19MA177

DOMESTIC LLC			
FILING	FEE:	\$ 1	5.00

STATE OF HAWAII

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION 335 Merchant Street Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC LIMITED LIABILITY COMPANY ANNUAL REPORT AS OF APRIL 1, 2018 COMPANY NAME AND MAILING ADDRESS:

OAHLI PARACHLITE CENTER LLC

(If the above mailing address has changed, line out and print change on the right.)

1. Principal Office Address is:

(If address of the principal office has changed, line out and print change on the right.)

ب ا	NO CHANGES: Do not chec	k this box if changes have been made above.		
		tate the total number of members here: change, line out and print correction on the right ADDRESS (INCLUDE CITY, STATE & ZIP C		ons.)
5.	out and print change on the right. GEORGE RIVERA	AGED	TERCE AND TER AFFAIRS	IVED GISTRATI
3 4	Organized under the laws of: Haw The name of the registered agent a of process and other notice and do	vail nd the registered agent's street address of the plac cuments being served on or sent to the entity rep	ce of business in Hawaii e	f the period to which service

Received Business Registration Division 2019 MAY 08 P 01:54 Department of Commerce and Consumer Affairs, State of Hawaii STATE OF HAWAII

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION 335 Merchant Street Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC LIMITED LIABILITY COMPANY ANNUAL REPORT AS OF April 1, 2019

COMPANY NAME AND MAILING ADDRESS

OAHU PARACHUTE CENTER LLC

1. Principal Office Address

2. Nature of Business (Optional)

3. Organized under the laws of: Hawaii

4. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

GEORGE RIVERA

5. The company is: Member-managed

If the company is manager-managed, the total number of members is:

6. Managers or members are:

Member	LUGO, RUDOLFO
Member	RIVERA, GEORGE
Member	VELASQUEZ, RUBENS

NO CHANGES

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

DECLARATION

I certify under the penalties of Section 428-1302, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

May 8, 2019 GEORGE RIVERA - OAHU PARACHUTE CENTER LLC GEORGE RIVERA - OAHU PARACHUTE CENTER

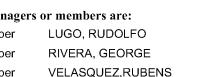
Date Signature of an authorized manager of a manager-managed company, member of a member-managed company, fiduciary (if the company is in the hands of a receiver, trustee, or other court-appointed fiduciary), or attorney-of-fact

FILE NO. Rev. 10/2013





2019







Print Name

Nonrefundable Filing Fee: \$50.00	.COM	Internet FORM LLC-1 0629201755214 7/2010
ED 06/29/2017 07:16 AM iness Registration Division PT. OF COMMERCE AND NSUMER AFFAIRS e of Hawaii	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIR Business Registration Division 335 Merchant Street Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No.(808) 586-2727 ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY O (Section 428-203 Hawaii Revised Statutes)	
PLEASE TYPE OR PRINT LI	EGIBLY IN BLACK INK	
The undersigned, for the purp and execute these Articles of	pose of forming a limited liability company under the laws of the State of Hawai Organization:	ii, do hereby make
	I	
The name of the company sh OAHU PARACHUTE CI	ENTER LLC	
	(The name must contain the words <i>Limited Liability Company</i> or the abbreviation <i>L.L.</i> (σ. σr LLC)
The meiling eddeses of the in	II	
The mailing address of the in		
	Ш	
a. The name (and state is: GEORGE RIVEF	e or country of incorporation, formation or organization, if applicable) of the cor RA	npany's registered agent in the State of Hawai
	(Name of Registered Agent)	
		(State or Country)
	of the place of business of the person in State of Hawaii to which service of pro the entity represented by it may be delivered to is:	
served on or sent to	the entity represented by it may be delivered to is:	
	the entity represented by it may be delivered to is:	
served on or sent to	the entity represented by it may be delivered to is:	
served on or sent to	the entity represented by it may be delivered to is:	
served on or sent to	the entity represented by it may be delivered to is:	

The period of duration is (check one):

X At-will		
For a specified term to expire on:	(Month Day Year)	
VI The company is (check one):		
a. Manager-managed, and the names and addresses of the initial managed and the number of initial members are:	anagers are listed in paragraph "c",	
b. X Member-managed, and the names and addresses of the initial me	embers are listed in paragraph "c".	
 List the names and addresses of the initial managers if the company is List the names and addresses of the initial members if the company is 		
GEORGE RIVERA		
RUDOLFO LUGO		
VII The members of the company (check one):		
Shall not be liable for the debts, obligations and liabilities of the co	impany.	
Shall be liable for all debts, obligations and liabilities of the compa	ny.	
Shall be liable for all or specified debts, obligations and liabilities of adoption of this provision or to be bound by this provision.	Shall be liable for all or specified debts, obligations and liabilities of the company <i>as stated below</i> , and have consented in writing to the adoption of this provision or to be bound by this provision.	
We certify, under the penalties set forth in the Hawaii Uniform Limited Liability C sign this Articles of Organization, and that the above statements are true and ∞		
Signed this day of		
GEORGE RIVERA		
(Type/Print Name of Organizer)	(Type/Print Name of Organizer)	
GEORGE RIVERA		
(Signature of Organizer)	(Signature of Organizer)	

V