Prepared by:
Your full name, Executive Trustee
OHANA TRUST
c/o Mailing Address
City, State [96778]
Phone number Contact

CERTIFICATE OF ASSUMED NAME

OHANA TRUST

The undersigned trustee(s) of **Ohana Trust**, upon affirmation first being duly given, do depose and say:

That they are the duly appointed trustee(s) of this organization and do hereby act on its behalf.

That the adopted name hereby declared and recorded is: **Ohana Trust**.

That **Ohana Trust** is an organization, in pure trust form, now domiciled on the land in the Hawaii state, created at common law by contract in the Hawaii state, dated the _____day February, 2023.

That the undersigned affiant(s), Your full name and Second Trustee full name, is the duly appointed trustee(s) of said organization.

That the duly elected officers of **Ohana Trust** are as follows: full name, President; full name Treasurer; and full name, Secretary.

That the above named trustees and officers of said organization are the parties conducting acts under the above adopted name, and are authorized to transact business acts, without limitation, under said adopted name.

That this organization is a limited liability company. Obligations and liabilities are limited to assets of the organization; and no trustee, officer, or transferor shall be personally liable for claims against this organization, whether founded in contract or tort.

That the officers named above are authorized to transact the business acts in the name of this organization, and they are hereby nominated and appointed as attorney-in-fact for the trustees named; and, acting, they may act in behalf of the trustees and the organization as fully and to the same extent as the trustees could were they present.

That this certificate is made pursuant to the minutes passed and adopted of said organization.

DATED the _____ day of February, 2023.

_____

full name, President

_____

full name, Secretary

_____

full name, Treasurer

(Continued to Right Column)

-ABOVE SPACE IS FOR RECORDER'S STAMP ONLY-

(Continued from Left Column)

BOARD OF TRUSTEE(S): Your full name, and Second Trustee full name, c/o Trust Office Address, City, State

_____

Your full name, Executive Trustee

_____

Second Trustee full name, Trustee

Hawaii state, County of _____)sa

On the date written below, before me, the undersigned, a Notary Public in and for the said State, personally appeared full name President, full name, Treasurer, and full name, Secretary, the officer(s), and Your full name, the Executive trustee and Second Trustee full name of Ohana Trust, an organization in pure trust form, known to me to be the person(s) who executed the within and foregoing CERTIFICATE OF ASSUMED NAME, who, after affirmation being duly given, did subscribe to the within instrument, and acknowledged the same to be the free act and deed of the above named trustee(s) and officer(s). Affirmed and subscribed to the date appearing below.

SPACE BELOW IS FOR NOTARY & SEAL

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal upon Your full name and Second Trustee full name subscribing and affirming to the above instrument.
DATED the _____ day of February, 2023.

Notary Public (Signature)

My Commission Expires: