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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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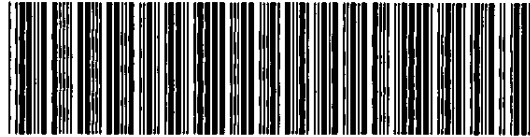
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15 OCT -2 AM 9:01

## COVER LETTER

TO: Chief of Bureau of Commercial Recording  
Division of Corporations

SUBJECT: HAMMER CLAW (Name of Foreign Unincorporated Association)

WYOMING

# 2015-000 68837

Dear Sir or Madam:

The enclosed "Application by Foreign Unincorporated Association for Authorization to Transact Business in Florida," duly authenticated copy of its written Articles of Association, and check are submitted to register the above referenced foreign unincorporated association to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Otis Stallworth Jr.

(Name of Person)

HAMMER CLAW

(Firm/Company)

1023 N. LIBERTY Street

(Address)

Jacksonville FL 32206

(City/State and Zip code)

For further information concerning this matter, please call:

Otis Stallworth Jr.

(Name of Person)

at (850) 491 8198

(Area Code &amp; Daytime Telephone Number)

## STREET/COURIER ADDRESS:

Chief of Bureau of Commercial Recording  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## MAILING ADDRESS:

Chief of Bureau of Commercial Recording  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status\$78.75 Filing Fee &  
Certified Copy\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN UNINCORPORATED ASSOCIATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 622.03, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN UNINCORPORATED ASSOCIATION TO  
TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. HAMMER CLAW CORP  
(Enter name of Foreign Unincorporated Association)  
(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida)
2. WYOMING  
(State, Territory, or Possession of U.S.A.)
3. 47-4025429  
(FEI number, if applicable)
4. 06/11/2015  
(Date of Organization)
5. 06/11/2015 - PERPETUAL  
(Duration: Year association will cease to exist or enter "perpetual")
6. TO BE DETERMINED  
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1023 N LIBERTY STREET  
JACKSONVILLE FL 32206  
(Principal office address)  
1023 N LIBERTY STREET  
JACKSONVILLE FL 32206  
(Current mailing address)
8. BANKING and Business Related Activities in Florida  
(Purpose(s) of unincorporated association authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Otis Stallworth Jr  
Office Address: 1023 N. LIBERTY Street  
JACKSONVILLE FL, Florida 32206  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Otis Stallworth Jr  
(Registered Agent's Signature)

15 OCT -2 AM 9:01

11. Attached is a copy of the written articles of association duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of Association's records in the jurisdiction under the law of which it is organized.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman:

Address:

EDWARD TINARI JR.  
1023 N. LIBERTY Street  
JACKSONVILLE FL 32206

Vice Chairman:

Address:

Director:

Address:

OTIS STALLWORTH JR.  
1023 N. LIBERTY Street  
JACKSONVILLE FL 32206

Director:

Address:

**B. OFFICERS**

President:

Address:

EDWARD TINARI JR.  
1023 N. LIBERTY Street  
JACKSONVILLE FL 32206

Vice President:

Address:

Secretary:

Address:

ROY H. TOLLIVER  
1023 N. LIBERTY Street  
JACKSONVILLE FL 32206

Treasurer:

Address:

OTIS STALLWORTH JR.  
5344 W. TENNESSEE Street / 1023 N. LIBERTY Street  
TALLAHASSEE FL 32304 / JACKSONVILLE FL 32206

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

OTIS STALLWORTH JR. OTIS STALLWORTH JR.  
(Signature of Director or Officer listed in number 12 of the application)

14.

EXECUTIVE DIRECTOR  
(Typed or printed name and capacity of person signing application)

**Articles of Organization  
For  
WYOMING Unincorporated Non Profit Association  
:ORDER OF THE BUSINESS:**

1. Roll call of the Officers
2. Report of the Executive Committee on the New Candidates
3. Reading of the Minutes of the Previous Meetings
4. Receipts and Expenditures
5. Communications
6. Report of the Delegates and the Committees
7. Unfinished-Business
8. New-Business
9. Nominations, Elections and Installation of the Officers
10. Good and Welfare of the Association
12. Adjournment

**Article I**

The name of the Unincorporated Non Profit Association is:

**THE HAMMER CLAW ASSOCIATION**

**Nominations, Elections and Installation of the Officers**

- Foreperson – Otis Stallworth, Jr.
- Recording Secretary – Yanagusto Waya
- Treasurer – Edward Tinari, Jr.

**Article II**

The street address of the principal office of Unincorporated Non Profit Association is:

**1023 N. LIBERTY STREET  
JACKSONVILLE, FL. 33026**

The mailing address of the Unincorporated Non Profit Association is:

**1023 N. LIBERTY STREET  
JACKSONVILLE, FL. 33026**

**Article III**

The purpose for which this Unincorporated Non Profit Association is organized is:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Street address of the registered agent is:

**Mr. Kim Luthi**

**Legal Agent and Agent for Service of Process**

**156 N. State Line Road, Freedom: WY [83120]**

Having been named as registered agent and to accept service of process for the above stated Unincorporated Non Profit Association at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: Mr. Kim Luthi: *Kim Luthi*

### Article V

The name and address of Elected Officers are:

Title: Foreperson  
**OTIS STALLWORTH, JR.**  
**1023 N. LIBERTY STREET**  
**JACKSONVILLE, FL. 33026**

Title: Recording Secretary  
**YANAGUSTO WAYA**  
**1023 N. LIBERTY STREET**  
**JACKSONVILLE, FL. 33026**

Title: Treasurer  
**EDWARD TINARI, JR.**  
**1023 N. LIBERTY STREET**  
**JACKSONVILLE, FL. 33026**

### Article VI

The effective date for the Unincorporated Non Profit Association shall be:

**June 24, 2015**

Signature of member or an authorized representative of a member:

: *Yanagusto Waya*  
AUTOGRAPH: :Yanagusto Waya.  
Recording Secretary