

P15000060223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

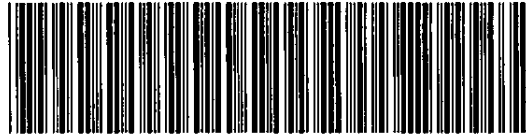
(Document Number)

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W5-46338

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 20 PM 4:21

FILED

T. Burch JUL 21 2015

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Altan Investments, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Alex Ali  
Name (Printed or typed)

1770 22nd Ave. N  
Address

Lake Worth, FL 33460  
City, State & Zip

561-207-1155  
Daytime Telephone number

Moham43@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2015

ALEX ALI  
1770 22ND AVE N  
LAKE WORTH, FL 33460

SUBJECT: ALDAM INVESTMENTS CORPORATION  
Ref. Number: W15000046338

15 JUL 20 PM 12:43

We have received your document for ALDAM INVESTMENTS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 815A00014381

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Altan Investments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1770 22nd Ave N

Lake Worth, FL 33460

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To perform real estate investments, management, sales and rental services.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alex Ali, President

Address: 1770 22nd Ave. N

Lake Worth, FL 33460

Name and Title: Mohamed Ali, Treasurer/Secretary

Address: 1770 22nd Ave. N

Lake Worth, FL 33460

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Mohamed Ali

Address: 1770 22nd Ave. N

Lake Worth, FL 33460

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mohamed Ali

Address: 1770 22nd Ave. N

Lake Worth, FL 33460

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15 JUL 20 PM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

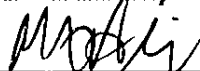
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 12, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

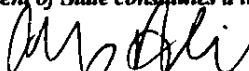


Required Signature/Registered Agent

07/15/2015

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

07/15/2015

Date