

P190000080435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

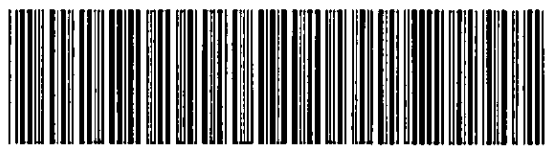
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ALTEN ENTERPRISES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: COSAY ALTUG

Name (Printed or typed)

110 S CANNERY ROW CIRCLE

Address

DELRAY BEACH FL 33444

City, State & Zip

954-292-0747

Daytime Telephone number

COSAYALTUG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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: ALTEN ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

110 S CANNERY ROW CIRCLE

DELRAY BEACH FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN ENGLE , DIRECTOR

Name and Title: COSAY ALTUG, DIRECTOR

Address 110 S CANNERY ROW CIRCLE

Address: 110 S CANNERY ROW CIRCLE

DELRAY BEACH FL 33444

DELRAY BEACH FL 33444

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: DAVID J COHEN

Address: 2151 W HILLSBORO BLVD, STE 206

DEERFIELD BEACH FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: COLEMAN & COHEN LLC

Address: 2151 W HILLSBORO BLVD, STE 206

DEERFIELD BEACH FL 33442

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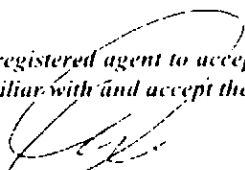
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

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

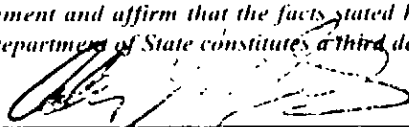


Required Signature/Registered Agent

10/07/19

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

10/07/19

Date

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee FL 32314

To whom it may concern:

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-292-0747.

Cosay Altug,
Director
Alten Enterprises Inc

Chlorophyll

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