Division of Corporations
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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-1092

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION FORTRESS GP. INC.

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COVER LETTER

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

SUBJECT: For	ress GP, Inc.		
	(PROPOSED CORPORA	TENAME - MUST INCL	udr auffix)
Enclosed are an	original and one (1) copy of the art	icles of incorporation an	d a check for:
S70.0 Filing Fe	O \$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	•	ADDITIONAL CO	PY REQUIRED
FROM:	Nick Di Ro Name	a (Printed or typed)	
	7180 LIENART ST., APT. #2		
•		Address	
	ST. LEONARD, QUEBEC, PQ HIS 1-		
	City,	State & Zip	
-	Daytime T	elephone number	
	mcz.szibailidommi@olni		
-	Famail address, (to be use	d for future annual report	optification)

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

FLOOL - 05/20/2013 Welton Klewer Collect

FILED SECRETARY OF STATE BIVISION OF CORPORATIONS

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

LEU F	Principal office Principal street address		Mailing address, if different is:
LIENART ST	· -		maining somess, is underen is:
EONARD, QU	JEBEC, PQ HIS I-W6 CN		
CLE III P	URPOSE to enganized is:	age in any activity o	r business permitted under the laws
	e State of Florida and to act as a General		
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CLE IV S	HARES 3000 shares with \$1.00 par vise of stock is:	lue	
and of Maic	ot suct is.		
and of Maic	NITIAL OFFICERS AND/OR DIREC		
CLE V I	NITIAL OFFICERS AND/OR DIREC	ग्र ावसङ	ide: Nick Di Re, President
CLE V I	NITIAL OFFICERS AND/OR DIREC	TORS Name and T	ide; Nick Di Re, President 7180 LJENART ST., APT. #2
CLE V I	NITIAL OFFICERS AND OR DIREC	ग्र ावसङ	196:
CLE V I	NITIAL OFFICERS AND FOR DIRECTION NICK DIRECTION 7180 LIENART ST., APT. #2	TORS Name and T	7180 LIENART ST., APT. #2
CLE V I Name and I Address	MITTAL OFFICERS AND OR DIRECTION NICK DI Re, Director 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ HIS 1-W6, Canada	TORS Name and T Address:	7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC Nick Di Re. Tressurer
Name and T	MITTAL OFFICERS AND OR DIRECTION NICK DI Re, Director 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ HIS 1-W6, Canada	Name and T Address: Name and T	7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC Nick Di Re. Tressurer
CLE V I Name and I Address	MITTAL OFFICERS AND AND DIRECTION NICK DI Re, Director 7180 LENART ST., APT. #2 ST. LEONARD, QUEBEC PQ HIS 1-W6, Canada Ide: Nick Di Re, Secretary	TORS Name and T Address:	7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC Nick Di Re, Treasurer
Name and T	NETTAL, OFFICERS AND OR DIRECTION NICK DI Re, Director 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ H1S 1-W6, Canada Ide: Nick Di Re, Secretary 7180 LIENART ST., APT. #2	Name and T Address: Name and T	7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC Nick Di Re, Treasurer 7180 LIENART ST., APT. #2
Name and T	MITAL OFFICERS AND AND DIRECTION NICK DI Re, Director 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ H1S 1-W6, Canada Nick Di Re, Secretary 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ H1S 1-W6, Canada	Name and T Address: Name and T Address: Address:	7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC Nick DI Re, Treasurer 7180 LIENART ST., APT. #2 ST. LEONARD, QUEBEC PQ H1S 1-W6, Canada
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Name a	nd Title:	Name and Title:
Addres	·	Address:
		•
ARTICLE VI	REGISTERED AGENT	•
	Iprida street address (F.O. Box NOT scoeptable) of	the revisioned execut in:
Name:	Nick B. Kanalidis	
Address:	2400 East Commercial Blvd., Suite 706	•
	Port Lauderdale, FL 33308	
ARTICLE VII The pame and a	INCORPORATOR ddress of the Incorporator is: Countriey Scanlon - c/o Hodgson Russ LLP	
Address:	140 Pearl Street, Suite 100	
• • • • • • • • • • • • • • • • • • • •	Buffalo, NY 14202	
	am fauillar with and accept the appointment as regi Nick B. Kanelidis	11/4/13
	Regulated Signature/Registered Agent	Date
l submit this for documentio but	sument and offirm that the facts stated herein are to Department of Stitle dipistington a third degree follows Required Signature/Incomparator	us. I am avere that the false information submitted in a as provided for in 2.817.155, P.S. 11 / 4 / 13
	Columns Semilon	