

P/5000100896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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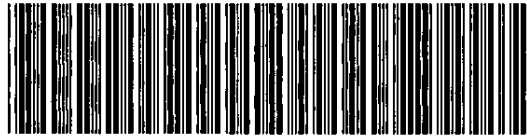
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 14 AM 11:08

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## COVER LETTER

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

**SUBJECT:** FORTRESS COMPANION CARE, 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:** FRED S STOCKINGER  
\_\_\_\_\_  
Name (Printed or typed)  
  
6017 PINE RIDGE ROAD, SUITE 346  
\_\_\_\_\_  
Address  
  
NAPLES, FLORIDA 34119  
\_\_\_\_\_  
City, State & Zip  
  
239 207 0810  
\_\_\_\_\_  
Daytime Telephone number  
  
fredsstock@aol.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: FORTRESS COMPANION CARE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6017 PINE RIDGE ROAD, SUITE 346

NAPLES, FLORIDA 34119

Mailing address, if different is:

**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: 1,000

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

Name and Title: CATHERINE Y STOCKINGER, CEO

Address: 6017 PINE RIDGE RD, SUITE 346

NAPLES, FLORIDA 34119

Name and Title: FRED S STOCKINGER, CFO

Address: 6017 PINE RIDGE RD, SUITE 346

NAPLES, FLORIDA 34119

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: FRED S STOCKINGER  
Address: 6017 PINE RIDGE RD, SUITE 346  
NAPLES, FLORIDA 34119

**ARTICLE VII INCORPORATOR**

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

Name: FRED S STOCKINGER  
Address: 6017 PINE RIDGE RD, SUITE 346  
NAPLES, FLORIDA 34119

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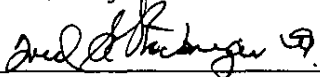
**ARTICLE VIII EFFECTIVE DATE:**

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 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*

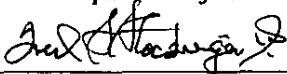


Required Signature/Registered Agent

12/8/2015

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

12/8/2015

Date