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J. SCOTT



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02/01/16--01024--018 \*\*78.75

16 FEB - 1 PM 12:00

## COVER LETTER

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

**SUBJECT:** LTwo 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: Laura Cosgrove  
Name (Printed or typed)  
370 Waterfall Ln  
Address  
Winter Park, FL 32789  
City, State & Zip  
407-679-9755  
Daytime Telephone number  
l2cosgrove@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**

L Two Inc

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

370 Waterfall Ln

Winter Park, FL 32789

**ARTICLE III PURPOSE**

the transaction of any and all lawful business.

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

10,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Laura Cosgrove, Director

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

Address 370 Waterfall Ln

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

Winter Park, FL 32789

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

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

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

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

16 FEB - 1 PM 12:00

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: Laura Cosgrove  
Address: 370 Waterfall Ln  
Winter Park, FL 32789

**ARTICLE VII INCORPORATOR**

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

Name: Laura Cosgrove  
Address: 370 Waterfall Ln  
Winter Park, FL 32789

**ARTICLE VIII EFFECTIVE DATE:** February 2, 2016

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*

Laura Cosgrove  
Required Signature/Registered Agent

1/24/16  
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.*

Laura Cosgrove  
Required Signature/Incorporator

1/26/16  
Date