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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

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

Email Address: Accountant@taxzonefl.com

2025 AUG 26 P 12:58

FLORIDA PROFIT/NON PROFIT CORPORATION

21 GROUP INC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	$78.75

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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: 2L GROUP 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: EDDIE KOTLER
Name (Printed or typed)

8865 COMMODITY CIRCLE STE #4
Address

ORLANDO, FL 32819
City, State & Zip

407 888 3131
Daytime Telephone number

ACCOUNTANT@TAXZONEFL.COM
E-mail address: (to be used for future annual report notification)

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

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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: 2L GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

710 JAMESTOWN BLVD UNIT#2290
ALTAMONTE SPRINGS, FL 32714

Mailing address, if different is:

710 JAMESTOWN BLVD UNIT#2290
ALTAMONTE SPRINGS, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ... CLEANING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINA M BIAZ, PRESIDENT

Address 710 JAMESTOWN BLVD
UNIT #2290
ALTAMONTE SPRINGS, FL 32714

Name and Title:

Address:

Name and Title:

Address

Address:

Name and Title:

Address

Address:

Name and Title:

Address

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: LINA M BIAZ

Address: 710 JAMESTOWN BLVD

ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LINA M BIAZ

Address: 710 JAMESTOWN BLVD

ALTAMONTE SPRINGS, FL 32714

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

_____ 08/25/2025

Required Signature/Registered Agent 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.

_____ 08/25/2025

Required Signature/Incorporator Date

FILED
2025 AUG 26 PM 5:17