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

Email	Address:	 		ĺ
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FLORIDA PROFIT/NON PROFIT CORPORATION LTEE FOOD CORP.

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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 corporat	ion shall be: LTEE FOOD CORF	o.			
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address, if	different is:	
5537-5547 South 76th Street		5537-5547 S	outn 78th Street		
Tampa, FL 336	319	Tamp	a, FL 3361	9	
ARTICLE III PURPO The purpose for which th	ISE are corporation is organized is: any and	all lawful	business		
			·		
ARTICLE IV SHARE The number of shares of s	etock is:			ڼ	
	L OFFICERS AND/OR DIRECTORS				
	Erignacio Estevez, President	Name and 1 ttle:	Luis Torres.	Vice Presi	dent
Address	5537-5547 South 78th Street		5537-5547 S	1 * 1	
	Tampa, FL 33619		Tampa, FL	. 33619	
Name and Title:		Name and Title:			
Address		Address.			
Name and Title:	• • • • • • • • • • • • • • • • • • • •	Name and Title:			
Address		Address:			

Name and Title:		Name and Title:		
Addres	s	Address:		
ADTIZE E LE	DEVICE PROFITS ACTIVE			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Erignacio Estevez			
Address.	5537-5547 South 78th Street	-		
, total con-	Tampa, FL 33619	_		
		-		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The <u>name and a</u>	ddress of the Incorporator is:			
Name:	Erignacio Estevez			
Address:	5537-5547 South 78th Street			
	Tampa, FL 33619			
		- G		
ARTICLE VIII	EFFECTIVE DATE:	ٺ		
Effective date, if (If an effective)	f other than the date of filing. date is listed, the date must be specific and cannot	t be more than five days prior or 90 days after the		
filing.)	·			
		statutory filing requirements, this dails will soft be listed as		
the document s	effective date on the Department of State's records.			
	med as registered agent to accept service of process formiliar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity		
/s/ Erigna	cio Estevez	01/27/2025		
	Required Signature/Registered Agent	Date		
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.		
/s/ Erigna	cio Estevez	01/27/2025		
Required Signat	ure/Incorporator	Date		

2025-02-02 03:27.35 CST

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From Naomi Ostopowitz

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To: