

P24000001817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

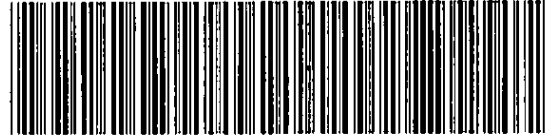
(Business Entity Name)

(Document Number)

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

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2024  
RECEIVED  
2023 DEC 34 AM 8:35  
TALLAHASSEE FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 70.00

AUTHORIZATION SIGNATURE: James H. H. H.

In Depth Solutions Inc.

BUSINESS

Document

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **CORP**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( )

Country

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

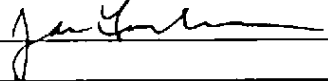
☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 70.00

AUTHORIZATION SIGNATURE: 

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BUSINESS

Document

☐ Walk in ☐ Pick up time

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☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** In Depth Solutions 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Ralph Deluca

\_\_\_\_\_  
Name (Printed or typed)

1501 Banyan Rd

\_\_\_\_\_  
Address

Boca Raton FL 33432

\_\_\_\_\_  
City, State & Zip

203-572-4933

\_\_\_\_\_  
Daytime Telephone number

closings@bollacilegal.cojm

\_\_\_\_\_  
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: In Depth Solutions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1501 Banyan Rd

Boca Raton FL 33432

**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: 100

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

Name and Title: Ralph Deluca, President Name and Title: \_\_\_\_\_

Address: 1501 Banyan Rd Address: \_\_\_\_\_

Boca Raton FL 33432 \_\_\_\_\_

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

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

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

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

2021

2021

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: Ralph Deluca

Address: 1501 Banyan Rd

Boca Raton FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ralph Deluca

Address: 1501 Banyan Rd

Boca Raton FL 33432

**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*

Ralph Deluca  
Required Signature/Registered Agent

12-29-2023  
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.*

Ralph Deluca  
Required Signature/Incorporator

12-29-2023  
Date

4702