TRANSMITTAL LETTER

P97000086877

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

Tallahassee, FL 32314				
SUBJECT:	N DEPTH Integral	orporate name - must include	e suffix)	
	·	. 80	00002309: -10/02/970 ****131.25	9288 1061009 ****131.25
Enclosed is an original a	nd one(1) copy of the article	es of incorporation and a	check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: FRANK J. GLAVAW Name (Printed or typed)				
-	13523 IRO	UTOW DR. Address	· ——	
TAMPA FC 33626 City, State & Zip 97 SEE				SEC DIVISI
-	(8/3) 249 Daytime 1	- 1300 Telephone number		FILED SECRETARY OF SIGN OF COT
NO'		Trank J Glavar OTHORIZATION BY PHO CORRECT COPP. ME DATE 10-8-9 DATE 10-8-9	GAVE ONE TO OME The articles.	AH 11:58
	-			1 4 9°

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be In Depth Integration, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 13523 Ironton Dr. Tampa Fl 33626

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The initial name and address of the initial registered agent are; Frank Glavan, 13523 Ironton Dr, Tampa FL 33626

ARTICLE V INCORPORTATOR

The name and post office address of the Incorporator to these Articles of Incorporation are:

Mr. Frank J. Glavan, 13523 Ironton Dr., Tampa Fl 33626

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of ass statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Registered Agent