

P11000080376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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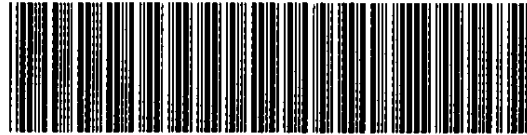
(Business Entity Name)

(Document Number)

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

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FILED  
SEP 12 AM 9:18  
TALLAHASSEE, FLORIDA

J. Shivers SEP 13 2011

## COVER LETTER

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

**SUBJECT: Murphy Investigative 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: Robert Murphy

Name (Printed or typed)

4956 SE Mariner Garden Circle

Address

Stuart, FL 34997

City, State & Zip

(561)262-7997

Daytime Telephone number

robert@eye-spyusa.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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DEPT. OF STATE

**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:

Murphy Investigative Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4956 SE Mariner Garden Circle  
Stuart, FL 34997

Mailing address, if different is:

PO Box 214  
Stuart, FL 34995

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Private Investigation Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert Murphy / President  
Address: PO Box 214  
Stuart, FL 34997

Name and Title: Robert Murphy / Secretary  
Address: PO Box 214  
Stuart, FL 34997

Name and Title: Robert Murphy / Treasurer  
Address: PO Box 214  
Stuart, FL 34997

Name and Title: Robert Murphy / Vice-President  
Address: PO Box 214  
Stuart, FL 34997

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Murphy  
Address: 4956 SE Mariner Garden Circle  
Stuart, FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Murphy  
Address: 4956 SE Mariner Garden Circle  
Stuart, FL 34997

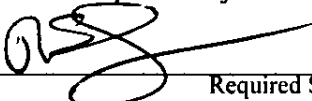
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

9/2/11  
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.*



Required Signature/Incorporator

9/2/11  
Date

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