P13000021003

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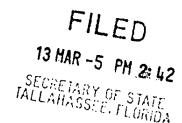
COVER LETTER

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

SUBJECT:	MURPHY INVESTIGENOUS CORPORA	GATIVE GROUP	, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	ROBERT S	Murphy e (Printed or typed)		
	6538 COLLINS	AVENUE .	SUITE#620	
	MIAMI BEACH City,	State & Zip	[(
	(786) 374 Daytime T	- 3997 elephone number		
E-mail address: (to be used for future annual report notification)				

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

February 20, 2013



To Whom It May Concern:

There is no intention of reinstating the following corporation:

Murphy Investigative Group, Inc.

Document Number P11000080376

FEIN: 454367797

I, Robert Murphy, President and Registered Agent of the aforementioned corporation, authorize the release of the corporate name in order for such name to be made immediately available for any new corporation.

If you have any questions or concerns, please call me at (786)374-3997 at any time.

Sincerely,

Robert Murphy

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpor	Tation shall be: MURPHY	INVESTIGATIVE	GROUP, INC.
	PINCIPAL OFFICE Principal street address		ddress, if different is:
6538 CO	LINS AVENUE	<u> </u>	
SUITE #	620		me -
MIAMI BE	ALH, FC 33/41	<u></u>	
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	PROFIT PRIVATE 11	UVESTIGATION
FIRM TO	DO BUSINESS D	NITH INSURANCE	Companies,
LAW FIRM	ns, PRIVATE PART	JES AND RISK	MANAGERS.
			100 H
ARTICLE IV SH	IARES		製えた
The number of shares of			FILED
ARTICLE V IN	ITIAL OFFICERS AND/OR DIR	ECTORS	FLOWID
•	HE: ROBERT MURPHY, F		高 表
Address	6538 COLLINS AVE		
	SUITE #620		
	MIAMI BEACH,	PC 33141	
	·		
	e:		· , , , , , , , , , , , , , , , , , , ,
Address		Address:	
Name and Titl	e:	Name and Title:	
Address		Address:	

Name and T	itle:	Name and Title:	FILED			
Address		Address:	13 MAR -5 PM 2: 42			
		_	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered age	nt is:			
Name: _	ROBERT MURPHY					
Address:	ROBERT MURPHY LOSS B COUNS AVENUE, # L	,20				
MIAMI BEACH, FL 33/41						
ARTICLE VII INCORPORATOR						
The name and addr	ess of the Incorporator is:					
Name:	ROBERT MURPHY					
Address:	LOSS COLLINS AVENUE, #1	020				
	LOSSE COLINS AVENUE, #16 MIAM, BEACH, FC 33	141				
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	 	2/25/13			
•	Required Signature/Registered Agent		l 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.						
RZ			2/25/13			
<	Required Signature/Incorporator		Date			