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(City/State/Zip/Phone #)

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(Business Entity Name)

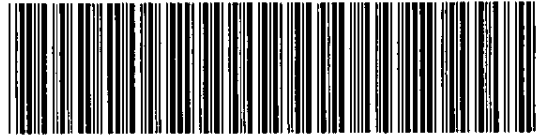
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015

T SCHROEDER

TO: Registration Section
Division of Corporations

SUBJECT: Morse Therapy Group, PLLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward W. Wood
KING & WOOD, P.A.
1701 Hermitage Blvd., Suite 104
Tallahassee, FL 32308
E-mail address (to be used for future annual report notification):
edwood@kingandwoodlaw.com

For further information concerning this matter, please call:

Edward W. Wood at (850) 580-7711

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
MORSE THERAPY GROUP, PLLC,
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the professional limited liability company is MORSE THERAPY GROUP, PLLC (the "Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:
1114 East Tennessee Street
Tallahassee, FL 32308

Mailing Address:
1114 East Tennessee Street
Tallahassee, FL 32308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

King & Wood, P.A.
1701 Hermitage Blvd., Suite 104
Tallahassee, Florida 32308

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this 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 all 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 as provided for in Chapter 605, F.S.



King & Wood, P.A.
By: Edward W. Wood
Its: President

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Professional Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Tracey Morse, PhD
1114 East Tennessee Street
Tallahassee, FL 32308

ARTICLE V - PURPOSE AND LIMITATIONS OF OWNERSHIP

The Company is organized for the sole purpose of engaging in the professional practice of psychology and the rendering of direct or ancillary mental health treatment for pecuniary profit in the State of Florida. Members of the Company shall be limited to professional service corporations, professional limited liability companies, or individuals, in any combination, duly licensed or otherwise legally authorized and permitted to practice psychology or render psychological services in the State of Florida.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tracey Morse, PhD

Typed or printed name of signer

SECRET
NOV 9 2011
TALLAHASSEE
FLORIDA

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AND
FILED