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From: Account Name : H. BART FLEET
Account Number : I20020000170
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Fax Number : (850)651-5006

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bart@fleetsmithlaw.com

**FLORIDA LIMITED LIABILITY CO.
MCW MD - Resilience Counseling, LLC**

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FAX No.

P. 002

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**ARTICLES OF ORGANIZATION
OF
MCW MD - RESILIENCE COUNSELING, LLC**

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, sets forth the following:

ARTICLE I - NAME

The name of this limited liability company is **MCW MD - RESILIENCE COUNSELING, LLC** (the "Company").

ARTICLE II - PERIOD OF DURATION

The period of duration of the Company shall be perpetual from the date of filing these Articles with the Department of State unless otherwise dissolved pursuant to provisions of the Florida Limited Liability Company Act.

**ARTICLE III - MAILING AND STREET ADDRESS
OF INITIAL PRINCIPAL OFFICE OF COMPANY**

The mailing and street address for the principal office of the Company is 3925 Indian Trail, Destin, Florida 32541.

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ARTICLE IV - INITIAL REGISTERED AGENT

The name and street address of the registered agent in Florida for the Company is:

H. Bart Fleet, Esq.
1283 Eglin Parkway, Suite A
Shalimar, Florida 32579

ARTICLE V- MANAGEMENT

The Company is to be managed by its member, and is therefore a member-managed limited liability company.

ARTICLE VI - INITIAL MEMBER

Michael C. Williams
3925 Indian Trail
Destin, FL 32541

ARTICLE VII - ADDITIONAL MEMBERS

An interest of a Member of the Company may only be transferred or assigned to such extent as is provided in the Operating Agreement.

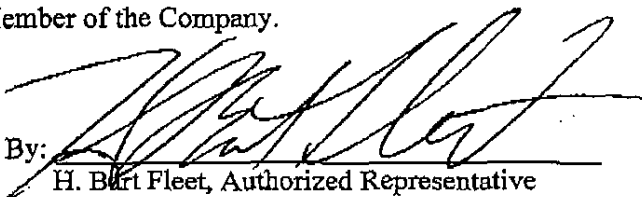
ARTICLE VIII - AUTHORIZED REPRESENTATIVE

The name and address of the authorized representative for purposes of executing these Articles of Organization is H. Bart Fleet, Esq., whose address is 1283 Eglin Parkway, Suite A, Shalimar, Florida 32579.

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IN WITNESS WHEREOF, the undersigned has executed these Articles on May 24, 2016,
as the authorized representative for the Member of the Company.

By: 
H. Bart Fleet, Authorized Representative

ACCEPTANCE BY THE REGISTERED AGENT

I, H. Bart Fleet, hereby accept appointment as Registered Agent for the Limited Liability Company, MCW MD – Resilience Counseling, LLC, and do hereby understand and accept the obligation of the position, and acknowledge my acceptance with my signature below.

Date: May 24, 2016


H. Bart Fleet, Registered Agent

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