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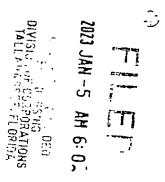
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COVER LETTER

	w Filing Section vision of Corporations				
	Calypso Telepsych, LLC				
Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee	(s) are submitted for filing.			
Please retur	n all correspondence concerning to	nis matter to the following:			
	Je	ennifer Upcraft			
		Name of Person			
		Calypso Telepsych, LLC			
		Firm'Company			
	100	20 Blacktoit Loop			
	103.	90 Blacktail Loop Address			
	_				
	Pe.	nsacola, FL 32526			
	City/State and Zip Code				
jenniferupcraft@gmail.com E-mail address: (to be used for future annual report notification)					
		•			
For further in	nformation concerning this matter,	please call:			
	Jennifer Upcraft	at (618) 559-7363			
•	Name of Person Area Code Daytime Telephone Number				
Enclosed is	a check for the following amount:				
□\$125.00	Filing Fee S130.00 Filing I Certificate of State	Fee & S1555.00 Filing Fee & S160.00 Filing Fee, as Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address	Street Address			
	New Filing Section	New Filing Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Calypso Telepsych,	LLC	
(Must con	atin the words "Limited I	Liability Compar	y, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	address of the principal of	ffice of the Limit	ed Liability Company is:
Princi	Principal Office Address:		Mailing Address:
10990 Blackta	10990 Blacktail Loop		10990 Blacktail Loop
Pensacola, FL 32526			
RTICLE III - Registered Aş	gent, Registered Office, o	& Registered A	Pensacola, FL 32526 gent's Signature: It. You must designate an individua
RTICLE III - Registered Ag	gent, Registered Office, o y cannot serve as its own active Florida registratio	& Registered Agern.) agent are;	gent's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration t address of the registered	& Registered Agern.) agent are;	gent's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration t address of the registered	& Registered Agern.) agent are: raft Name	gent's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, on y cannot serve as its own active Florida registration t address of the registered Jennifer Upco	& Registered Agern.) agent are: raft Name	gent's Signature: nt. You must designate an individu
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, on y cannot serve as its own active Florida registration address of the registered Jennifer Upon 10990 Black	& Registered Agern.) agent are: raft Name stail Loop	gent's Signature: it. You must designate an individu

Having been named as registered agent and to accept service of process for the above stated 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..

(CONTINUED)

egistered Agent's bignature (REQUIREI

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Jennifer Upcraft
WGR	10990 Blacktail Loop
	Pensacola, FL 32526
the date of filing.)	est be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	•
	Senniforlipuage
- Cinnatura	
This document	of a member or an authorized representative of a/member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that	any false information submitted in a document to the Department of State
constitutes a thir	rd degree felony as provided for in s.817.155, F.S.
	Jennifer Upcraft
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)