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SECRETARY OF STATE
VALLAHASSEE, FI OBJE.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barnett Capital Management, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Iris Wilson	
(Name of Person)	ALL SEC
Law Offices of Michael Lapat	TIOT MAR - SECRETA ALLAHAS
(Firm/Company)	TARY OF
3300 N. University Drive - Suite 311	FS D
(Address)	S: Ob
Coral Springs, Florida 33065	DA.
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Iris Wilson at (954) 345-6442	
(Name of Person) (Area Code & Daytime Telephone Nu	imber)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	0.00 Filing Fee, ate of Status & ed Copy al copy is enclosed)

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Barnett Capital Management, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
Principal Office Address:	Mailing Address:	
2459 Laurel Glen Drive Lakeland, Florida 33803	2459 Laurel Glen Drive Lakeland, Florida 33803	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Register (Matthew Bar	gistered agent are:	
Name	nett HARRY CARRY OF Drive	
2433 Laufei Giefi Diive		
Florida street address (P.O. Box NOT acceptable)		
Lakeland,	FL 33803	
City, State, ar	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Matthew Barnett 2459 Laurel Glen Drive Lakeland, Florida 33803 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Matthew Barnett Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)