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| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Se Division of Co. | | | |
|--|---|---|--|
| SUBJECT: Barne | tt Capital Advisors | , LLC | |
| | (Name of Limited | d Liability Company) | |
| The enclosed Articles of | f Organization and fee(s) are so | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | 1 |
| Iris Wilson | | | 2007 MAR SECRET |
| | (1 | Name of Person) | AR - |
| Law Offic | es of Michael Lap | | SEE SEE |
| | (| Firm/Company) | FEST |
| 3300 N. | University Drive | | JRIDE 13 |
| | | (Address) | |
| Coral Sp | rings, Florida 33 | 3065 | |
| • | (City. | /State and Zip Code) | |
| For further information | concerning this matter, please | call: | |
| Iris Wilson | | at (954) 345-64 | 42 |
| | of Person) | (Area Code & Daytime T | · |
| Enclosed is a check for | or the following amount: | | |
| □ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns · Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | |
|--|---|-----|
| Barnett Capital Advisors, LLC (Must end with the words "Limited Liability Company) | Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Address: The mailing address and street add | ress of the principal office of the Limited Liability Company i | is: |
| Principal Office Address: | Mailing Address: | |
| 2459 Laurel Glen Drive Lakeland, Florida 33803 | 2459 Laurel Glen Drive Lakeland, Florida 33803 | |
| (The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street ad | | 777 |
| | Name | |
| | 9 Laurel Glen Drive | |
| F | orida street address (P.O. Box NOT acceptable) | |
| Lakelar | nd, FL 33803 City, State, and Zip | |
| liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my po | agent and to accept service of process for the above stated limite esignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with anastition as registered agent as provided for in Chapter 608, F.S The Barn II. Agent's Signature (REQUIRED) | all |

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Matthew Barnett 2459 Laurel Glen Drive Lakeland, Florida 33803 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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)