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SECKETARY OF STATE

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Linda 6 Crawer LL C 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:
Bill Antac CPA Name of Person
Name of Person
Cape Coral Tax & Accounting Services, LLC. 3306 Del Prado Blvd. South Cape Coral, FL 33904
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill Antar at (239) 54c - 75cc Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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:

LINDA S. CROWE, LLC. 1533 SW 52ND TER CAPE CORAL, FL 33914

ARTICLE II - Address:

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

LINDA S. CROWE, LLC. 1533 SW 52ND TER CAPE CORAL, FL 33914

Principal Office Address: Mailing Address:

1533 SW 52ND TER CAPE CORAL, FL 33914

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2.

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

The name and address of each Manager or Managing Member is as follows:

LINDA S. CROWE (Managing Member) 1533 SW 52ND TER CAPE CORAL, FL 33914

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee