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(Re	questor's Name)	
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SECRE JARY OF STATE
TALLATERSEF, 11 ORIDA

M. MOON DEC 0 5 2016



November 30, 2016

MICHAEL K. WEBER 2318 PRETTY BAYOU ISLAND DRIVE PANAMA CITY, FL 32405

SUBJECT: GOWEB PROPERTIES, LLC

Ref. Number: W16000079912

We have received your document for GOWEB PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 416A00025456

Division of Companytions D.O. DOV 6997 Mallaharras Florida 99914

GoWeb Properties, LLC

2318 Pretty Bayou Island Dr. Panama City, FL 32405 (850) 630-2565

SECRETARY OF STATE
TALL / F. A. S. P. S. S. S. S.

December 2, 2016

Florida Division of Corporations Attn: Mr. Mathew Moon

RE: GoWeb Properties, LLC Missing Signature

Mr. Moon,

Our application was rejected because I failed to sign a portion of the document. Please find the attached completed application. I appreciate your diligence in handling this matter.

If you have any question please do not hesitate contacting me.

Respectfully Submitted,

Michael K. Weber, PE Structural Engineer

COVER LETTER

D	Division of Corporations	
SUBJECT	T: GOWEB PROPERTIES, LLC	
	Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	turn all correspondence concerning this matter to the following:	
	MICHAEL K. WEBER	
	Name of Person	_
	N/A	_
	Firm/Company	
	2318 PRETTY BAYOU ISLAND DRIVE	=
	Address	S DE
	PANAMA CITY, FLORIDA 32405	ا دے ر
	City/State and Zip Code MKWEBER@MTU.EDU	-5 PH:
	E-mail address: (to be used for future annual report notification)	- ດ ນ
For further	information concerning this matter, please call:	39
	MICHAEL K. WEBER at (850) 630-2565	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
X \$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \tag{S155.00 Filing Fee & Certificate of Status} \tag{Certified Copy (additional copy is enclosed)} \tag{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \tag{Certified Copy (additional copy is enclosed)}	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
GOWEB PROPERTIES, LLC			
(Must end with the words "Limi	ted Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	I office of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:	
2318 PRETTY BAYOU ISLAND DR	231	8 PRETTY BAYOU ISLANI	D DR
PANAMA CITY, FL 32405	PAI	NAMA CITY, FL. 32405	
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the registe	ition.)	You must designate an individ	iuai or
MICHAEL K WE	•		
	Name		
2318 PRETTY B	AYOU ISLAND DR		
Florida street add	ress (P.O. Box <u>NOT</u> a	cceptable)	
PANAMA CITY	FLORIDA	32405	
City	State	Zip	
laving been named as registered agent and to accept se	ervice of process for the	e above stated limited liability (company at

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

Title:	Name and Address:
"AMBR" = Auth "MGR" = Manag	
AMBR	MICHAEL K WEBER
	2318 PRETTY BAYOU ISLAND DR
	PANAMA CITY, FI 32405
AMPD	THOMAS GOUIN
AMBR	10476 OLD 27 SOUTH
	WATER, MI 49797
(Use attachment	if necessary)
ective date is liste of filing.)	if necessary) Ite, if other than the date of filing:
EV: Effective date is listed of filing.) The date inserted ment's effective of	te, if other than the date of filing:
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EV: Effective date is lister of filing.) the date inserted ment's effective of EVI: Other provides a second	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute am aware that any false information submitted in a document to the Department of State is constitutes a third degree felony as provided for in s.817.155, F.S. MICHAEL K. WEBER
E V: Effective date is lister of filing.) the date inserted ment's effective of E VI: Other provide REQUIRED SIGNATURES	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. MICHAEL K. WEBER Typed or printed name of signee
EV: Effective date is lister of filing.) the date inserted ment's effective of EVI: Other provides REOUIRED SIGNAL CONTROLLES SIGNAL CONTR	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. MICHAEL K. WEBER Typed or printed name of signee
E V: Effective date is listed of filing.) The date inserted ment's effective of E VI: Other provided the provided the state of the stat	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. MICHAEL K. WEBER Typed or printed name of signee

ARTICLE IV-