

2/9/22, 2:33 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M22000002076

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)573-3996  
 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future  
 annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**PECO GRP I Managing Member LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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FEB 10 2022

M. SOLOMON

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PECO GRP I Managing Member LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 38-4096825
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. Upon filing.
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11501 Northlake Drive
(Street Address of Principal Office)
Cincinnati, OH 45249

6. 11501 Northlake Drive
(Mailing Address)
Cincinnati, OH 45249

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: [Signature] C T Corporation System Mark Holloway, Asst. Sec.
(Registered agent's signature)

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SECRETARY OF STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**  
 Manager Name: Phillips Edison Grocery Center  
 Operating Partnership I, L.P.  
 Member Address: 11501 Northlake Drive  
 Cincinnati, OH 45249  
 Authorized Person  
 Other  Other

**Title or Capacity:** **Name and Address:**  
 Manager Name: Tanya E. Brady  
 Member Address: 11501 Northlake Drive  
 Cincinnati, OH 45249  
 Authorized Person  
 Other Senior Vice President  Other

Manager Name: Robert F. Myers  
 Member Address: 11501 Northlake Drive  
 Cincinnati, OH 45249  
 Authorized Person  
 Other Senior Vice President  Other

Manager Name:  
 Member Address:  
 Authorized Person  
 Other  Other

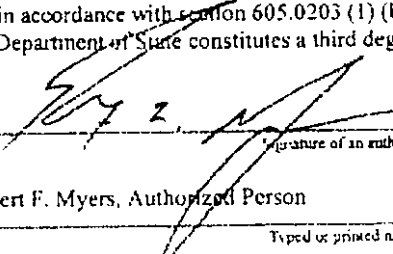
Manager Name: John Caulfield  
 Member Address: 11501 Northlake Drive  
 Cincinnati, OH 45249  
 Authorized Person  
 Other Senior Vice President  Other

Manager Name:  
 Member Address:  
 Authorized Person  
 Other  Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document 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 third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person.  
 Robert F. Myers, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer

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 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PECO GRP I MANAGING MEMBER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7098491 8300

SR# 20220434923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202615857

Date: 02-09-22