Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001345213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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 ST. CHARLES STATION LLC

| Certificate of Status | U |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

MAY 1 9 2011

EXAMINE 182011

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------------------|---|--|--|
| SUBJE | CT: St. Charles Station LLC | | |
| | Naл | ne of Limited Liability Company | |
| The end Existen | closed "Application by Foreign Limited Liab ce, and check are submitted to register the ab | ility Company for Authorization to Transact Business in Florida," Certificate of tove referenced foreign limited liability company to transact business in Florida | |
| Please | etum all correspondence concerning this ma | tter to the following: | |
| | Barbara Hood | | |
| | | Name of Person | |
| | Phillips Edison & Company Ltd | | |
| Firm/Company | | | |
| | | | |
| | 11501 Northlake Drive | | |
| | | Addrass | |
| | Cincinnati, OH 45249 | | |
| | | City/State and Zip Code | |
| | bhood@phillipsedisun.com | | |
| | E-mail address: (u | be used for future annual report notification) | |
| For furt | her information concurning this matter, pleas | e call: | |
| | Barbara Hood | at (513) 554-1110 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| | MAILING ADDRESS: | STREET ADDRESS: | |
| | Division of Corporations Registration Section | Division of Corporations Registration Section | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassec, FL 32314 | 2661 Executive Center Circle | |
| | | Tallahassee, PL 32301 | |
| Enclos | ed is a check for the following amoun | | |
| | \$125.00 Filing Fee \$130,00 Filing Fee Certificate of State | | |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. St. Charles Station 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 and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") |
| 2. Delaware 3. |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. May 17, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. Upon filing |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 11501 Northlake Drive, Cincinnati, OH 45249 |
| |
| (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Phillips Edison - ARC Shopping Center Operating Partnership, L.P., its sole member |
| 11501 Northiake Drive, Cincinnati, OH 45249 |
| |
| 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: |
| Real estate ownership, management, development and related activities |
| of mak Oise |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of perjury that the facts rated 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

R. Mark Addy, Authorized Representative

11 HAY 18 AM 7:50

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name o | f the Limited Liabili | ty Company is: | |
|--|------------------------|---|--|
| St. Charles Statio | n LLC | | |
| If unavailable, | the alternate to be u | sed in the state of Florida is: | |
| 2. The name a | nd the Florida street | address of the registered agent and office are: | |
| | C T Corporation System | m | |
| | | (Name) | |
| | 1200 South Pine Island | Road | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Plantation | FL 33324 | |
| | | City/State/Zip | |

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 608, Florida Statutes.

By:

Renee Cruz, Asst. Secretary

C T Corporation System

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

11 MAY 18 AM 7:58

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ST. CHARLES STATION 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 EIGHTEENTH DAY OF MAY, A.D. 2011.

4983791 8300

110562514

Juffrey W. Bullock, Secretary of State

DATE: 05-18-11

You may varify this certificate online