Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 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 Coquina Station LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

CR26037 (9/10) **COVER LETTER** TO: Registration Section Division of Corporations Coquina Station LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida... Please return all correspondence concerning this matter to the following: Barbera Hood Name of Person Phillips Edison & Company Ltd. Firm/Company 11501 Northlake Drive Address Cincinnati, OH 45249 City/State and Zip Code bhood@phillipsedison.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Hood 554-1110 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

☐ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

□ \$130.00 Filling Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

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

(Name of Foreign Limited Liability Company: n	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
	The state of the s
name unavailable, enter alternate name adopted for the managers or managing members adopting meany," "L.L.C." "LLC.")	the purpose of transacting business in Florida and attach a copy of the written g the alternate name. The alternate name must include "Limited Liability
Delaware	3
Jurisdiction under the law of which foreign limited becompany is organized)	ability (FEI number, if applicable)
September 13, 2013	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon filing	•
(Date first transacted busin (See sections 608.501 & 608	less in Florida, if prior to registration.) 3.502 P.S. to determine penalty liability)
11501 Northlake Drive, Cincinnati, OH 45249	
(Street	Address of Principal Office)
If limited liability company is a manager-m	anaged company, check here
The name and usual business addresses of	member the managing members or managers are as follows:
	,
Phillips Edison - ARC Shopping Center Operating	Partnership, L.P.
11501 Northlake Drive	· · · · · · · · · · · · · · · · · · ·
Cincinnati, OH 45249	•
ijurisdiction under the law of which it is organized. (Anstation of the certificate under eath of the translator m	Poel estate augustala
. Nature of business or purposes to be cond	ucted or promoted in Florida:
management and related activities	
<i>I</i>	Hord
Dubica	
	or an authorized representative of a member.
(In accordance with section 608.408(3), P.S penalties of perjury that the facts stated her	or an authorized representative of a member. Line execution of this document constitutes an affirmation under the role are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.15% [.S.)
(In accordance with section 608.408(3), P.S pensities of perjury that the facts stated her document to the Department of State of Barbara Hood, Authorized R	in the execution of this document constitutes an affirmation under the cin are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155 [F.S.)

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 of the Limited Liability Company is: CoquinaStation LLC							
If unavailable, th	e alternate to l	be used in the	state of Flo	rida is:			
2. The name and	i the Florida st	treet address o	of the registe	ered agent and office are:			
		C T Corporation System					
•	(Name)						
	1200 South Pine Island Road						
•	Fl	orida Street Add	ress (P.O. Bo	NOT ACCEPTABLE)			
	Plantation	FI. 33324					
•	· · · · · · · · · · · · · · · · · · ·		City/State	/Zip			
liability company registered agent statutes relating	vat the place d and agree to a to the proper a	lesignated in the act in this capa and complete p	his certificat city. I furth performance	vice of process for the above stated limited te, I hereby accept the appointment as er agree to comply with the provisions of a of my dutles, and I am familiar with and as provided for in Chapter 608, Florida			
	C	T Corporation	System	r:			
<u> </u>	By:	Consie	Buga-	<u>Connie Bryon</u>			
		(0.81		Assistant Societory			
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designati Certified	e for Application on of Registered Agent Copy (optional) te of Status (optional)			

Delaware

DACD

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COQUINA 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5398613 8300

131106583

You may verify this cortificate online

Jeffrey W. Bullock, Secretary of State

DATE: 09-19-13

Delaware

PAGE '

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5398613 8300

131106583

AUTHENTY CATION: 0749183

DATE: 09-19-13

You may verify this cortificate online