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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Phone 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

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## Foreign Limited Liability Company Sanibel Station LLC

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## COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJE	Sanibel Station LL	C				
SUBJE		Name of	Limited Liability	Company		<del></del>
The encl	losed "Application by Foce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida y company to transact bu	a," Certificate o siness in Floric
Please re	eturn all correspondence	concerning this matter to the	following:			
	Barbara Hood					
	<del>-</del>	N	lame of Person		***************************************	_
	Philllips Ediso	n				·
	······································	F	irm/Company			-
	11501 Northla	ike Drive				<b>5</b>
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	Cincinnati				ל בל" (איני) הייניה הייניה תרי ל ביניה	8 1
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	вноор@рни	LIPSEDISON.COM			7	4. 14. 9. 4. 14. 9. 4.
		E-mail address: (to be use	d for future annua	l report no	tification)	- 12.
For furth	ner information concerning	g this matter, please call:				
	Name o	of Contact Person	at ( Area Code	) Day	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	d is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\square \text{\$\square\$ 130.00 Filing Fee & Certificate of Status}\$	□ \$155,00 Filin Certified Copy		☐ \$160.00 Filing Fee, of Status & Certified C	

1/8/2016 1:45:16 PM From: To: 8506176383( 3/4 )

## 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 BY SINESS, IN THE STATE OF FLORIDA.

Sanibel Station LLC	
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Linbility Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" or "Ll.C.")
Delaware	3.
(Jurisdiction under the law of company is organized)	of which foreign limited liability (FEI number, If applicable)
Upon filing	
*	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
c/o Phillips Edison & C	Company, Ltd., 11501 Northlake Drive
Cincinnati, OH 45249	
C	(Street Address of Principal Office)
Same as 5 above	
	- CONTRACTOR OF THE CONTRACTOR
	(Mailing Address)
. Name and street addres	of Florida variational agents (F.O. Par NOT accordable)
	CT Corporation System
Name:	, and a second s
Office Address:	1200 South Pine Island Road
	Plantation , Florida 33324
	(City) (Zip code)
esignated in this applicat	gistered agent and to accept service of process for the above stated limited liability company at the pla tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a tims of all statutes relative to the proper and complete performance of my duties, and I am familiar with
	ny position as registered agent.
	By:  C T Corporation System  Kristin Bolden Assistant Secretary
	(Registered agent's signature)
R The name title or capa	city and address of the person(s) who has/have authority to manage is/are:
	ison Grocery Center Operating Partnership II, L.P.
1501 Northlake Drive, C	inclinian, On 43245
Attached is a sertificate	of existence, no more than 90 days old, duly authenticated by the official having custody of records in th
urisdiction under the law o	of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under o
f the translator must be su	
	Signature of an authorized person
This document is executed ubmitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Barbara Hood, Authorized Person
	Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SANIBEL 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 EIGHTH DAY OF JANUARY, A.D. 2016.

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

FILES
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Date: 01-08-16

5930298 8300 SR# 20160117702

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