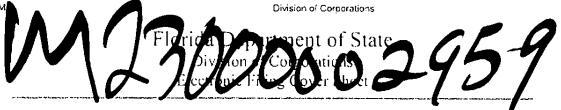
3/8/23, 2:20 PM



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.

(((H23000089256 3)))



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 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: dtreadaway@phillipsedison.com

Foreign Limited Liability Company Coquina Station Outparcel LLC

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

Electronic Filing Menu

Corporate Filing Menu



Page: 4 of 6

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

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Coquina Station Outparcel LLC (Name of Foreign Limited Luability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name inevalable, ener elternate name adopted for the purpose of transacting butteres in Floride The elternate name ment include "Limited Leathly Company," "L.L.C." or "LIC.") 3. (FE) number, if applicable) (fursidiction ender the law of which foreign limited liability company is organized) (Date first transacted business in Florids, If prior to registration I (See sections 643,0904 & 603 0905, F.S. to determine porally liability) 11501 Northlake Drive 11501 Northlake Drive 6. [Hanting Address] (Sirert Address of Principal Office) Cincinuati, Ohio 45249 Cincinnati, Ohio 45249 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address: 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.

C.T.Comporation System
Mark Holloway, Asst. Secretary
(Registered agent's signature)

From, David Thomas

To:

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:	Title or Capacity:	Name and Address:
⊒Manager	Name: Phillips Edison Grocery Center	□Manager	Name: Peggy Sullivan
□Member	Operating Partnership I, L.P.	IMember	Address: 11501 Northlake Drive
	11501 Northlake Drive	■ Authorized	Cincinnati, Ohio 45249
Person	Cincinnati, Ohio 45249	Person	
'∃0ther	Other	□Other	Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	⊡Member	Address:
□Anthorized		□Authorized	<u></u>
Person	the state of the s	Person	-
Other		□Other	Other
□Manager	Nante:	□Manager	Name:
□Member	Address:	∏A∕lember	Address:
□ Authorized	And the state of t	□Authorized	
Person	Mary April 19 Mary 19	Person	
Other	[Other	□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filling 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 \$.817.155, F.S.

John Gallie	_
(00)	Signature at an authorized person
Peggy Sullivan	
	Typed or punted name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "COQUINA STATION OUTPARCEL 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 MARCH, A.D. 2023.

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



Authentication: 202863706

Date: 03-08-23

7334267 8300 SR# 20230908376

You may verify this certificate online at corp.delaware.gov/authver.shtml