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Foreign Limited Liability Company Avalon Alexander, LLC

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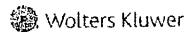
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COVER MESSAGE

Robert Sholf Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Avalon Alexander, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If nome mentalishly, enter alternate annie adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." 2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date fast transacted business in Florids, if prior to registration.) (See sections 603 0904 & 605,0705, F.S. to determine penalty liability) 671 N. Glebe Road, Suite 800 671 N. Glebe Road, Suite 800 (Mailing Address) (Street Address of Principal Office) Arlington, VA 22203 Arlington, VA 22203 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: Plantation 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 Corporation System v By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: AvalonBay Communities, Inc. Sole Member 671 N. Glebe Road, Suite 800 Arlington, VA 22203 (Use attachments if necessary) 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. Signiture of an authorized person

Brian R. Lerman - VP, Associate General Counsel & Assistant Secretary of

Typed or printed some of signer

AvalonBay Communities, Inc., Sole Member



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVALON ALEXANDER, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203482695

Date: 09-24-18