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.

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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 : (614)280-3338 Phone Fax Number : (954)208-0845

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 Avalon Merrick Park Member, LLC

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| \$155.00 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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

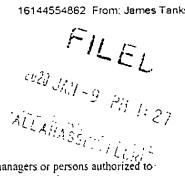
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTIX, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

| | imited Liability Company; must include "Limited | | | |
|---|---|---|-------------------------------------|------------------------------|
| ine unavailable, erger alternate na | me adopted for the purpose of transacting biguress in Fig. | ida. The alternate mine | must include "Limited Liability Co. | opany," "L. L. C," or "LL C" |
| Delaware | | 3. | | |
| (Parisdiction order the law of which frieign limited lability company is organized) | | | (FEI manber, if app | licable) |
| | (Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. in determine | registration.) ne penalty liability) | | |
| 671 N. Glebe Road, Su | | | Glebe Road, Suite 800 | |
| (Street Address of Principal Office) | | 6 | (Mailing Address) | |
| Arlington, VA 22203 | | Arlingto | n, VA 22203 | |
| | | | | 11: |
| - | | + | | |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT acceptabl | e) | |
| Name: | C T Corporation System | | | |
| Office Address: | 1200 South Pine Island Road | | | |
| | | | | |

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 | |
|-----|--------------------------------|------------------------------------|
| Ву: | James D. Martin | James Martin - Assistant Secretary |
| | (Registered agent's signature) | |



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 | <u>:</u> | Name and Address: |
|--------------------|-----------------------------------|-------------------|-------------|-------------------|
| Manager | Name: AvalonBay Communities, Inc. | Manager | Name: | |
| ⊠Member | Address: 671 N. Glebe Road | Member | Address: | |
| Authorized | Suite 800 | Authorized | | |
| Person | Arlington, VA 22203 | Person | | |
| Other | Other | Other | | Other |
| Manager | Name: | Manager | Name: | |
| Member | Address: | Member | Address: | |
| Authorized | | Authorized | | · |
| Person | | Person | | |
| Other | Other | Other | | Other |
| Manager | Name: | Manager | Name: | |
| Member | Address: | Member | Address: | |
| Authorized | -1 | Authorized | | |
| Person | | Person | | |
| Other | []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 filing 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 5.817.155, F.S.

Brian R. Lerman - VP, Associate General Counsel & Assistant Secretary of AvalonBay Communities, Inc., Sole Member

Typed or printed name of signer

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVALON MERRICK PARK MEMBER, 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 NINTH DAY OF JANUARY, A.D. 2020.

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





Authentication: 202152831

Date: 01-09-20