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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

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 Ayalon Merrick Park, LLC

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Certificate of Status	0
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K. SALY

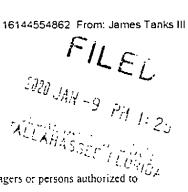
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liabile:	y Company, "TLL C.," or "LLC")		
ane musicilable, enter alternate n	ame adopted for the purpose of transaction business in Flo	onds. The n	Iternate name must include "Limitee Liability C	'ompany,' "L.t.C." or "Lt.C.")	
Delaware		7			
(Jurisdiction under the law of which foreign limited Lability company is organized)		(FE) number, if		spplicable)	
	Date first transacted bissuess in Flerida, if prior to (See sections 605 090) & 605,0905 F.S., to determ	registration	·;	-	
		ant benalt).			
671 N. Glebe Road, St	tite 800	6.	671 N. Glebe Road, Suite 800 (Mailing Address)		
(Street Address of E	tucijal Officej		· (Mailing Address)		
Arlington, VA 22203			Arlington, VA 22203	20.	
				75. V	
	<u> </u>			94.44 244	
Name and street addres	ss of Plorida registered agent: (P.O. Hox	NOT :	acceptable)		
Name	C T Corporation System				
Name:					
Office Address:	1200 South Pine Island Road				
Office Address,					
	Plantation		33324 , Florida	_	
	(Cip.)		(Zsp.code)		

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.

Ву:	CT Corporation System James D. Marte	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:		Name and Address:
Manager	Avalon Merrick Park Member, LLC Name:	Manager N	Vame:	
⊠Member	Address: 671 N. Glebe Road	Member 8	Address:	
Authorized	Suite 800	Authorized _		
Person	Arlington, VA 22203	Person _		
Other	Other	Other		Other
Manager	Name:	☐ Manager >	Name:	
Member	Address:	☐ Member — A	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
□Member	Address:	☐ Member /	Address:	
Authorized		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 \$.817.155, F.S.

Signature of an authorized person

Brian R. Lerman - VP, Associate General Counsel & Assistant Secretary of AvalonBay Communities, Inc., Sole Member of Avalon Merrick Park Member, LLC, Managing Member

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVALON MERRICK PARK, 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: 202152838

Date: 01-09-20

7790159 8300 SR# 20200168548

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