

1/9/2020

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 10 2020

**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 BUSINESS IN THE STATE OF FLORIDA:*

1. Avalon Merrick Park, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0901 & 605.0905 F.S. to determine penalty liability)

5. <u>671 N. Glebe Road, Suite 800</u> (Street Address of Principal Office)	6. <u>671 N. Glebe Road, Suite 800</u> (Mailing Address)
<u>Arlington, VA 22203</u>	<u>Arlington, VA 22203</u>
_____	_____

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**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.*

By: C T Corporation System Assistant Secretary  
James D. Martin  
(Registered agent's signature)

FILED  
2020 JAN -9 PM 1:23  
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FLORIDA SECRETARY OF STATE

**FILED**  
 2020 JAN -9 PM 1:20  
 TALLAHASSEE, FLORIDA

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:  
☐ Manager                      Name: Avalon Merrick Park Member, LLC  
☒ Member                      Address: 671 N. Glebe Road  
    Suite 800  
☐ Authorized                      Person  
    Arlington, VA 22203  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
    Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
    Person  
☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:  
☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
    Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
    Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
    Person  
☐ Other                      ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 s.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

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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.

FILED  
2020 JAN -9 PM 1:23  
ALL AMENDED FIDUCIARY



7790159 8300

SR# 20200168548

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202152838

Date: 01-09-20