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 Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
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 Phone : (954)208-0845
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lora_ross@avalonbay.com

Foreign Limited Liability Company
 AVB Kendall Investor, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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**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. AVB Kendall Investor, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FID number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4040 Wilson Blvd.
(Street Address of Principal Office)

6. 4040 Wilson Blvd.
(Mailing Address)

Suite 1000

Suite 1000

Arlington, VA 22203

Arlington, VA 22203

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: Kimberly Baggett Kimbely Baggett, Asst. Secretary
(Registered agent's signature)

FILED
2023 JUN -7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

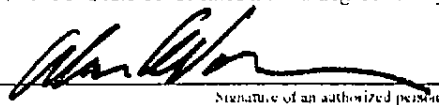
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>AVB Investor, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Michael J. Simel</u>
<input checked="" type="checkbox"/> Member	Address: <u>4040 Wilson Blvd.</u>	<input type="checkbox"/> Member	Address: <u>4040 Wilson Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 1000</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	<u>Arlington, VA 22203</u>	Person	<u>Arlington, VA 22203</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Stewart P. Royer</u>	<input type="checkbox"/> Manager	Name: <u>Julia L. Mooney</u>
<input type="checkbox"/> Member	Address: <u>3350 Virginia Street</u>	<input type="checkbox"/> Member	Address: <u>4040 Wilson Blvd.</u>
<input checked="" type="checkbox"/> Authorized	<u>2nd Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	<u>Miami, FL 33133</u>	Person	<u>Arlington, VA 22203</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Alan W. Adamson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4040 Wilson Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 1000</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Arlington, VA 22203</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Alan W. Adamson - VP, Assoc. General Counsel & Asst. Secretary of AvalonBay Communities, Inc., Sole Member of AVB Investor, LLC, Sole Member

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVB KENDALL INVESTOR, 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 SEVENTH DAY OF JUNE, A.D. 2023.

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



7500441 8300

SR# 20232687990

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 203499861

Date: 06-07-23