

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1341713.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/15/2024 10:25 AM Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.kv.gov

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov						
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		d hereby applie	es for authority to transac	ct business in Kentuc	ky on behalf of the entity named belo	
			t corporation professional limited liability company			
business tru				statutory trust		
limited partr		td cooperative association public benefit co		efit corporation		
non-profit lld	; L	•	nal service corporation	other		
2. The name of the entity is(The	name must be ident		NC NMTC Fund 7 Ne on record with the S		·	
			e on record with the S	ecretary of State.)		
3. The name of the entity to be used in	Kentucky is (if applica	(Only p	provide if "real name" i	s unavailable for us	e; otherwise, leave blank.)	
4. The state or country under whose la	w the entity is organiz			Delaware	<u> </u>	
5. The date of organization is	August 3, 202	23	and the period of dura	ation is	·	
-			,	(If left blank, dur	ration is considered perpetual.)	
6. The mailing address of the entity's p	orincipal office is reet, 7th Floor		Louisville	e K'	Y 40601	
Street Address	1001		City	State	Zip Code	
7. The street address of the entity's reg	nistered office in Kentı	ıckv is	•		•	
	Main Street	JORY 10	Frankfor	t _{KY}	40601	
Street Address (No P.O. Box Numbe	rs)		City		State Zip Code	
and the name of the registered agent at that office is			Corporation Service Company			
8. The names and business addresses	of the entity's represe	entatives (secre	tarv. officers and directo	rs. managers. trustee	es or general partners):	
			-	-		
Todd Crow, Manager and President	101 S. 5th Street, 7t	h Floor	Louisville	KY State	40202	
Name Michael Thomas, Manager	Street or P.O. Box 11511 Luna Road, 4	4th Floor	City Farmers Branch	State TX	Zip Code 75234	
Name	Street or P.O. Box		City	State	Zip Code	
Joy O'Brien, Secretary	1600 Market Street,	8th Floor	Philadelphia	PA	19103	
Name	Street or P.O. Box		City	State	Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation	ore states or territories					
10. I certify that, as of the date of filing	this application, the ab	ove-named ent	ity validly exists under th	ne laws of the jurisdict	ion of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limi	ted partnership.	Check the box if appli	cable:		
12. If a limited liability company, chec	k box if manager-ma	naged: 🗵				
13. This application will be effective upon	on filing.					
Tou OBrie	1		Joy O'Brien, Secr	etarv	Fahruary 42, 2024	
Signature of Authorized Representative		Printed Name & Title		February 12, 2024		
orginature or Authorized Representative			Filliteu Naille & Title	•	Date	
I, Corporation Serr Type/Print Name of Registered Agent	vice Company	, co	onsent to serve as the re	egistered agent on bel	half of the business entity.	
\bigcirc = 0 :	<u> </u>	lorge Folio	iana Amazauita	Assistant Soars	etary 02/14/2024	
Signature of Registered Agent		Printed Name	iano-Amezquita	Assistant Secre	Date	