

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1341732.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/15/2024 10:46 AM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo		lies for authority to transac	ct business in Kentucky	on behalf of the entity named belo
1. The entity is as profit corns	ration nonprof	it corneration	professional	limited liability company
1. The entity is a: profit corpo	t corporation professional limited liability company			
business tr		iability company	statutory trus	
limited part		erative association	public benefi	i corporation
non-profit	·	ional service corporation		
2. The name of the entity is	e name must be identical to the na	PNC NMTC Fund 3 N		.
		ille on record with the 5	ecretary or State.	
3. The name of the entity to be used i	(Only	y provide if "real name" i		otherwise, leave blank.)
4. The state or country under whose I			Delaware	-
5. The date of organization is	June 9, 2023	and the period of dura		ion is considered perpetual.)
6. The mailing address of the entity's	principal office is		(ii leit blank, durai	ion is considered perpetual.)
101 S. 5th Street, 7th Floor		Louisville	e KY	40601
Street Address		City	State	Zip Code
7. The street address of the entity's re	egistered office in Kentucky is			
	Main Street	Frankfor		40601
Street Address (No P.O. Box Numbers)		City	_	tate Zip Code
and the name of the registered agent at that office is		Corporation Service Company		
8. The names and business addresse	es of the entity's representatives (sec	retary, officers and directo	rs, managers, trustees	or general partners):
Todd Crow Manager and Brasident	101 S 5th Street 7th Floor	Louisvillo	KV	40202
Todd Crow, Manager and President Name	Street or P.O. Box	Louisville City	KY State	Zip Code
Michael Thomas, Manager	11511 Luna Road, 4th Floor	Farmers Branch	TX	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 m statement of purposes of the corporati	ore states or territories of the United			
10. I certify that, as of the date of filing	this application, the above-named e	entity validly exists under th	ne laws of the jurisdictio	n of its formation.
11. If a limited partnership, it elects to	be a limited liability limited partnersh	ip. Check the box if appli	cable:	
12. If a limited liability company, che	ck box if manager-managed: 🏻 🗵			
13. This application will be effective up	oon filing.			
Tou OBn	li	Joy O'Brien, Secr	etarv l	February 12, 2024
Signature of Authorized Representative				Date
I, Corporation Seregistered Agent	rvice Company,	consent to serve as the re	egistered agent on beha	If of the business entity.
Oppose Falinings A	Inrae Fel	iciano-Amezquita	Assistant Secret	ary 02/14/2024
Signature of Registered Agent	Printed Name		Title	Date