

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1336584.06

Fee Receipt: \$90.00

tsemones ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/26/2024 1:11 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate of (Foreign Busine	_	Fee R	ecelpt: \$90.00
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact busi	ness in Kentucky on	behalf of the entity named belo
1. The entity is a: profit corpor business tru		nonprofit corporation professional limited liability company statutory trust		
limited partn		tive association	public benefit co	rnoration
non-profit llc		I service corporation	other	rporation
2. The name of the entity is		PNC NMTC Fund 9, LL		
	name must be identical to the name			·
3. The name of the entity to be used in	Kentucky is (if applicable):			
·	ovide if "real name" is unavailable for use; otherwise, leave blank.)			
4. The state or country under whose la		L	Delaware	··································
5. The date of organization is	December 29, 2023	and the period of duration is		is considered perpetual.)
6. The mailing address of the entity's p	rincipal office is	(11	ieit biaiik, duiatioii	
101 S. 5th Street, 7th Floor		Louisville	KY	40202
Street Address		City	State	Zip Code
7. The street address of the entity's reg	gistered office in Kentucky is Main Street	Frankfort	KY	40601
Street Address (No P.O. Box Number	rs)	City	State	Zip Code
and the name of the registered agent at	Corporation Ser	vice Company		
8. The names and business addresses	of the entity's representatives (secreta	ry, officers and directors, ma	nagers, trustees or g	eneral partners):
PNC NMTC Fund 9 MM, LLC	121 SW Morrison Street, Suite 13	00 Portland	OR	97204
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	re states or territories of the United Sta			
10. I certify that, as of the date of filing t	this application, the above-named entity	validly exists under the laws	s of the jurisdiction of	its formation.

13. This application will be effective upon filing.

12. If a limited liability company, check box if manager-managed:

Joy O'Brien, Secretary, PNC NMTC Fund 9

MM, LLC, its Managing Member

Printed Name & Title

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

January 17, 2024

Corporation Service Company	, consent to serve as the registered agent on behalf of the business e			
Type/Print Name of Registered Agent				
_				

John Long

Assistant Secretary

01/26/2024

Printed Name

Title

Date



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

DELAWARE, DO HEREBY CERTIFY "PNC NMTC FUND 9, 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 SECOND DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PNC NMTC FUND 9, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

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



Authentication: 202501834

Date: 01-02-24