

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Fee Receipt: \$90.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/26/2024 1:16 PM

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

Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements: 1. The entity is a: profit corporation nonprofit corporation professional limited liability company business trust limited liability company statutory trust limited partnership Itd cooperative association public benefit corporation professional service corporation non-profit llc PNC NMTC Fund 8, LLC 2. The name of the entity is (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) Delaware 4. The state or country under whose law the entity is organized is December 29, 2023 5. The date of organization is and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 101 S. 5th Street, 7th Floor Louisville 40202 **Street Address** State Zip Code City 7. The street address of the entity's registered office in Kentucky is 421 West Main Street Frankfort 40601 Street Address (No P.O. Box Numbers) City Corporation Service Company and the name of the registered agent at that office is 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): PNC NMTC Fund 8 MM, LLC 121 SW Morrison Street, Suite 1300 Portland OR 97204 Name Street or P.O. Box State Zip Code Name Street or P.O. Box City State Zip Code Street or P.O. Box Zip Code Name City State 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Joy O'Brien, Secretary, PNC NMTC Fund 8 MM, LLC, its Managing Member January 17, 2024 Printed Name & Title Date Corporation Service Company , consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent Alberto Flores-Nunez Assistant Secretary 01/26/2024

Printed Name

Signature of Registered Agent



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

DELAWARE, DO HEREBY CERTIFY "PNC NMTC FUND 8, 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 8, 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.

RETARY'S OFFICE OF THE PROPERTY OF THE PROPERT

Authentication: 202501827

Date: 01-02-24