

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/26/2024 1:46 PM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following the		y applies for authority to transact	business in Kentucky on t	pehalf of the entity named belo
1. The entity is a:	eration no	nnrofit corneration	nrefeesional limit	ad liability company
1. The entity is a: profit corp		nprofit corporation		ed liability company
business t		ited liability company	statutory trust	
limited pa	· —	cooperative association	public benefit corp	poration
non-profit	llc pro	ofessional service corporation	other	
2. The name of the entity is		PNC NMTC Fund 8 MI		.
(Th	ne name must be identical to the	ne name on record with the Sec	retary of State.)	
3. The name of the entity to be used	in Kentucky is (if applicable):			
	1	(Only provide if "real name" is		erwise, leave blank.)
4. The state or country under whose			Delaware	
5. The date of organization is	December 29, 2023	and the period of duration		
6. The mailing address of the entity's	principal office is		(If left blank, duration i	s considered perpetual.)
101 S. 5th Street, 7th Floor	principal office is	Louisville	KY	40202
Street Address		City	State	Zip Code
	and the state of t	J ,		p
7. The street address of the entity's i	registered office in Kentucky is it Main Street	Frankfort	104	40601
Street Address (No P.O. Box Numb		City	KY State	Zip Code
		•		Zip Gode
and the name of the registered agent	at that office is	Corporation	Service Company	-
8. The names and business address	es of the entity's representatives	(secretary, officers and directors	, managers, trustees or ge	neral partners):
Todd Crow, Manager and President	101 S. 5th Street, 7th Floor	Louisville	KY	40202
Name	Street or P.O. Box	City	State	Zip Code
Michael Thomas, Manager	11511 Luna Road, 4th Floor	Farmers Ranch	TX	75234
Name	Street or P.O. Box	City	State	Zip Code
Joy O'Brien, Secretary	1600 Market Street, 8th Floor	•	PA	19103
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporatio and treasurer are licensed in one or r statement of purposes of the corpora	more states or territories of the U			
10. I certify that, as of the date of filin		, ,	,	ts formation.
11. If a limited partnership, it elects to	be a limited liability limited partr	nership. Check the box if applica	ble:	
12. If a limited liability company, cho	eck box if manager-managed:	\boxtimes		
13. This application will be effective u	pon filing.			
DU NOW		L. OID.	1	
Signature of Authorized Representative		Joy O'Brien, Secretary Printed Name & Title	<u>Jan</u>	nuary 17, 2024
Signature of Authorized Representative		Frinted Name & Title		Date
ı,Corporation Se	ervice Company	, consent to serve as the regi	stered agent on behalf of	the business entity.
Type/Print Name of Registered Agent				
5th C - 44	E+ha-	Scott	Assistant Carata	04/05/0004
Signature of Registered Agent	Printed N	Scott	Assistant Secretary Title	01/25/2024 Date



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

DELAWARE, DO HEREBY CERTIFY "PNC NMTC FUND 8 MM, 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 MM, 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 A CONTROL OF

Authentication: 202501822

Date: 01-02-24