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DEPARTMENT OF STATE
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SECONDIANA IN SECONDA IN SECONDA A S

J. SAULSBERRY EXAMINER

OCT 12 2012



ACCOUNT NO. : 12000000195

REFERENCE : 377137 5124005

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AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: October 10, 2012

ORDER TIME : 8:46 AM

ORDER NO. : 377137-005

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: NATIONAL TAX CREDIT IX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NATIONAL TAX CREDIT IX, LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flori Existence, and check are submitted to register the above referenced foreign limited liability company to transact be	da," Certif pusiness in	icate of Florida	
Please return all correspondence concerning this matter to the following:			
LUCINDA M EHRHARD			
Name of Person			
APARTMENT INVESTMENT AND MANAGEMENT COMPANY			
Firm/Company	<u> </u>		
4582 S ULSTER ST, SUITE 1100			
Address			
DENVER, CO 80237			
City/State and Zip Code	ر انسان در ان احد	- S	
CINDY.EHRHARD@AIMCO.COM E-mail address: (to be used for future annual report notification).		23	1m : m
	co	arreji James	9144 AM
For further information concerning this matter, please call:	SEX.		المعداسة إ
LUCINDA M EHRHARD at (303) 691-4382	S S	16 hi	
Name of Person Area Code & Daytime Telephone Number	RH	ည်	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	T 3 2 3 3 3 3 3 3 3 3 3 3	ι	
Enclosed is a check for the following amount:			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L NATIONAL TAX CREDIT IX, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. CALIFORNIA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. 01/26/2012 PERPETUAL (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 4582 S ULSTER ST, SUITE 1100 **DENVER, CO 80237** (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: NATIONAL PARTNERSHIP INVESTMENTS, LLC 4582 S ULSTER ST, SUITE 1100 DENVER, CO 80237 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTMENT

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LUCINDA M EHRHARD, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
NATIONAL TAX CREDIT IX, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
Corporation Service Company	SEG	23120	<i>ልጋጭ</i> ተ <u>ተ</u> ነው የ
(Name)		Ħ	dyran, but had
1201 Hays Street	8555 7		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		E	्री हैं हैं ਦੇ ``` ''
TALLAHASSEE FL 32301 City/State/Zip	DRIDA ORRIDA	M 9 03	* <i>></i>
Having been named as registered agent and to accept service of process for the above stated lim liability company at the place designated in this certificate, I hereby accept the appointment as a agent and agree to act in this capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	egister tes	red	
Gignature) JEROME L. SUARE	EZ, 1	dsst.	Secy.
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)			

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NATIONAL TAX CREDIT IX, LLC

FILE NUMBER:

201202710053

FORMATION DATE:

01/26/2012

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 10, 2012.

DEBRA BOWEN
Secretary of State

KAW