

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

LAOO

1398316.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/28/2024 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Organization**  
**Non-profit Limited Liability Company**

**NLC**

**Please Note:** This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is

**ENDOCHATS WITH DR LARA LLC**

Article II: The name of the initial registered agent is

**Omolara Fakunle**

and the street address of the entity's initial registered office in Kentucky is

**706 Park Creek Circle, Louisville, KY 40245**

Article III: The mailing address of the entity's principal office is

**706 Park Creek Circle, Louisville, KY 40245**

Article IV: This entity is managed by **Members**.

Article V: The purpose of the nonprofit limited liability company is **The purpose of EndoChats with Dr Lara is to provide medical missionary work.**

This filing will be effective on **Saturday, September 28, 2024.**

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Organizer: Omolara Fakunle**

Signature of individual signing on behalf of **Organizer: Bobby Fakunle**

Signature of individual signing on behalf of **Organizer: Omolola Fakunle**

Signature of individual signing on behalf of **Organizer: Damilola Fakunle**

Signature of individual signing on behalf of **Organizer: Temiloluwa Haastrup**

I, **Omolara Fakunle**, consent to serve as the Registered Agent on

behalf of this entity on Saturday, September

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