

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 **limited liability company**.

2. The name of the entity is

SARAFINAH SICKLE CELL SOCIETY LLC

3. The state or country under whose law the entity is organized is **Uganda**.

4. The date of organization is **6/13/2019** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

1247 Schiller Ave APT 103, Louisville, KY 40204

6. The name of the initial registered agent is

Sarafinah Bukirwa

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

1247 Schiller Ave APT 103, Louisville, KY 40204

7. The names and business addresses of the entity's representatives:

Member	Sarafinah Bukirwa	1247 Schiller Ave APT 103, Louisville, KY 40204
Member	Isaac Kabunga	1247 Schiller Ave, Louisville, KY 40204

8. This entity is managed by **Members**.

9. This filing will be effective on **Wednesday, March 19, 2025**.

I 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 **President: Sarafinah Bukirwa**

I, **Sarafinah Bukirwa**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, March 19, 2025.