



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Elixir Insurance Services, Inc.

SECTION II

It is incorporated under the laws of State: DE Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 11/14/2024

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 1345 AVENUE OF THE AMERICAS 2ND FLOOR
City or Town: NEW YORK State: NY Zip: 10105 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 10 DORRANCE STREET #700
City or Town: PROVIDENCE State: RI Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is CORPORATE CREATIONS NETWORK INC.

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
INSURANCE AGENCIES AND BROKERAGES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN SOUGHAN	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
SECRETARY	JOHN SOUGHAN	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
CEO	FARHAN SHAH	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA

CUO	CAROLINE THOMPSON	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
VICE PRESIDENT	HENRY SANCHEZ	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
DIRECTOR	FARHAN SHAH	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN SOUGHAN	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
SECRETARY	JOHN SOUGHAN	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
CEO	FARHAN SHAH	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
CUO	CAROLINE THOMPSON	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
VICE PRESIDENT	HENRY SANCHEZ	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA
DIRECTOR	FARHAN SHAH	1345 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10105 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	100.00

Signed this 25 Day of June, 2025 at 5:34:19 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By FARHAN SHAH
Signature of Authorized Officer of the Corporation

Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELIXIR INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELIXIR INSURANCE SERVICES, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



10007639 8300

SR# 20252946826

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203848533

Date: 06-03-25



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 25, 2025 05:33 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

