



0006260527

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0006260527

Date Filed: 5/20/2025 8:11:56 AM

## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Expedited (+\$40; filing fee \$140)

## 1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

ALCOR INSURANCE SERVICES LLC

ALCOR INSURANCE SERVICES LLC

## 2. Home Jurisdiction

The jurisdiction of formation is:

DELAWARE

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

850 NEW BURTON RD  
STE 201  
DOVER, DE 19904

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

850 NEW BURTON RD  
STE 201  
DOVER, DE 19904-5786

## 5. The complete street address of the principal office is:

Principal Office Address

307 W. TREMONT AVE.  
STE 200  
CHARLOTTE, NC 28203

## 6. The mailing address of the principal office is:

Mailing Address

307 W TREMONT AVE  
STE 200  
CHARLOTTE, NC 28203-4902

## 7. Registered Agent Name and Address

Registered Agent

COGENCY GLOBAL INC.  
Commercial Registered Agent  
Physical Address  
1555 W SHORELINE DR  
STE 100  
BOISE, ID 83702  
Mailing Address  
1555 W SHORELINE DR  
STE 100  
BOISE, ID 83702

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
John Cavanagh	Manager	307 W TREMONT AVE STE 200 CHARLOTTE, NC 28203-4902



Shradha Rughani	Manager	307 W TREMONT AVE STE 200 CHARLOTTE, NC 28203-4902
Robert <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> McLendon	Manager	307 W TREMONT AVE STE 200 CHARLOTTE, NC 28203-4902
Joshua Graham	Manager	307 W TREMONT AVE STE 200 CHARLOTTE, NC 28203-4902

Signature of individual authorized by the entity to sign:

<i>Shradha Rughani</i>	<i>05/20/2025</i>
Sign Here	Date
Job Title: Manager	

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCOR INSURANCE SERVICES 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 NINTH DAY OF MAY, A.D. 2025.



7457038 8300

SR# 20252149088

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203652598

Date: 05-09-25

B1015-8734 05/20/2025 8:13 AM Received by Office of the Idaho Secretary of State