



Address

401 E JACKSON ST

TAMPA, FL 33602-5228

STE 3300





#### 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 #: 0006323299

Date Filed: 6/25/2025 3:46:23 AM

| Foreign Registration Statement (Limited Liability Company)  Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100)                         |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| The name this limited liability company will use in Idaho is:                                                                            |                                                     |
| Type of Limited Liability Company                                                                                                        | Foreign Professional Limited Liability Company      |
| Entity name                                                                                                                              | 1977 MESK PLLC                                      |
| 1977 MESK PLLC                                                                                                                           |                                                     |
| Profession                                                                                                                               |                                                     |
| The business is organized to practice the profession of:                                                                                 | Medicine                                            |
| 2. Home Jurisdiction                                                                                                                     |                                                     |
| The jurisdiction of formation is:                                                                                                        | NORTH CAROLINA                                      |
| 3. The street address of its domestic principal office (if required by the laws of the                                                   | ne jurisdiction of formation) is:                   |
| Street Address                                                                                                                           | None                                                |
| 4. The mailing address of its domestic principal office (if required by the laws of                                                      | the jurisdiction of formation) is:                  |
| Mailing Address                                                                                                                          | None                                                |
| 5. The complete street address of the principal office is:                                                                               |                                                     |
| Principal Office Address                                                                                                                 | 136 CARBONTON RD                                    |
|                                                                                                                                          | SANFORD, NC 27330                                   |
| 6. The mailing address of the principal office is:                                                                                       |                                                     |
| Mailing Address                                                                                                                          | 401 E JACKSON ST                                    |
|                                                                                                                                          | STE 3300                                            |
|                                                                                                                                          | TAMPA, FL 33602-5228                                |
| 7. Registered Agent Name and Address                                                                                                     |                                                     |
| Registered Agent                                                                                                                         | REGISTERED AGENTS INC                               |
|                                                                                                                                          | Commercial Registered Agent                         |
|                                                                                                                                          | Physical Address                                    |
|                                                                                                                                          | 784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854 |
|                                                                                                                                          | Mailing Address                                     |
|                                                                                                                                          | 784 S CLEARWATER LOOP STE R                         |
|                                                                                                                                          | POST FALLS, ID 83854                                |
| ☑ I affirm that the registered agent appointed has consented.                                                                            | to serve as registered agent for this entity        |
| Tamilin that the registered agent appointed has consented                                                                                | a to solve as registered agent for this entity.     |

Title

Member

Signature of individual authorized by the entity to sign:

Name

8. Governors

Sunil R Kurup



| SUNIL R KURUP     | 06/25/2025 |
|-------------------|------------|
| Sign Here         | Date       |
| Job Title: Member |            |



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### 1977 MESK PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 23rd day of December, 2024.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of May, 2025.

Elaine I. Marshall

**Secretary of State**