

# Virginia State Bar

1111 East Main Street, Suite 700  
Richmond, Virginia 23219-3565  
(804) 775-0530



AUTHORITY: RULES OF THE  
SUPREME COURT OF VIRGINIA  
PART SIX, SECTION IV,  
PARAGRAPH 14:  
LIMITED LIABILITY ENTITIES  
(RULES FOR INTEGRATION  
OF THE VIRGINIA STATE BAR)  
216 VA. 1159; 219 VA. 507

IF PRACTICING FEDERAL  
LAW ONLY, LIST TYPE  
(IMMIGRATION, PATENT,  
ETC.) HERE.

## APPLICATION FOR CERTIFICATE OF REGISTRATION FOR

### REGISTERED LIMITED LIABILITY PARTNERSHIP

DATE \_\_\_\_\_

(Effective date of application will be date application form and accompanying documents  
are received by the Virginia State Bar unless otherwise requested in writing.)

1. a. NAME OF REGISTERED LIMITED LIABILITY PARTNERSHIP \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

b. STATUTORY AUTHORITY: Registered Limited Liability Partnership Act (Article 7, Chapter 1, Title 50, Code of Virginia,  
as amended)

c. NAME OF PREDECESSOR ORGANIZATION (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

2. NAME OF REGISTERED AGENT AND ADDRESS \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. STATEMENT RE VIRGINIA STATE BAR MEMBERSHIP:

All partners are members of the Virginia State Bar and duly licensed to practice law in Virginia.

\_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

If answer is NO list names of partners not licensed to practice law in Virginia.

Name	Address	Zip Code
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. PARTNERS OF THE REGISTERED LIMITED LIABILITY PARTNERSHIP *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<i>Name</i>	<i>Address</i>	<i>VSB I.D. No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

5. The authorized partner has advised or intends to advise the clients of any predecessor organization, and the clients of any shareholder, director, officer, member, partner, manager, employee or agent of the applicant who will practice law, of the transfer of such organization's or lawyer's practice to a limited liability entity. **The applicant has attached or will provide a sample copy of the notification to the Virginia State Bar. (This representation applies only when you are shifting from a non-limited liability practice arrangement to a limited liability entity.)**  check and initial if not applicable

6. PARTNER AUTHORIZED TO FILE THIS APPLICATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature

PLEASE SIGN AND RETURN TO VIRGINIA STATE BAR, ENCLOSING FILING FEE OF \$100 PAYABLE TO:  
TREASURER OF VIRGINIA.