

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

PROFESSIONAL LIMITED LIABILITY COMPANY

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 PROFESSIONAL LIMITED LIABILITY COMPANY _____

Mailing Address _____

_____ Zip Code _____

Phone (____) _____ Fax (____) _____

b. STATUTORY AUTHORITY: Professional Limited Liability Co. Act , (Ch.13, Title 13.1, 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 managers 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.

<i>Name</i>	<i>Address</i>	<i>Zip Code</i>
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_____	_____	_____
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_____	_____	_____
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4. MANAGERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *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. MEMBERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *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) (attach supplemental sheet if necessary)

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

6. The authorized manager 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 within thirty days. (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

MANAGER 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.