**Articles of Organization of a Virginia Professional Limited Liability Company (PLLC) Instructions**

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| **Purpose:** | Use this form to register your Virginia Professional LLC. A professional LLC provides [qualified services](https://scc.virginia.gov/pages/Business-Types). |
| **Filing Options:** | You may submit this form three ways:   1. File online at [cis.scc.virginia.gov](https://cis.scc.virginia.gov/). 2. Complete and mail to P.O. Box 1197, Richmond, VA 23218-1197 or 3. Complete and deliver to 1300 East Main Street, Tyler Building, 1st Floor, Richmond, VA 23219. |
| **Fee:** | There is a $100 filing fee. Please make payment payable to the State Corporation Commission. |
| **General:** | * Use English language. * Avoid processing errors by handwriting in legible black ink letters or typing. * Follow this additional guideline if you are preparing your own articles of organization: use solid letter size white paper with minimum 1.25” top margin and 0.75” all other sides * Do not include any attachments. This form meets all of the requirements. |
| **Resources:** | Use these resources to learn more.   * FAQs: [PLLC](https://scc.virginia.gov/pages/Professional-LLC-FAQs), [Registered Agent and Office Addresses](https://scc.virginia.gov/pages/Registered-Agents) and [Business Entity Names](https://scc.virginia.gov/pages/Business-Entity-Names) * [New Business Resources](https://scc.virginia.gov/pages/New-Business-Resources) |
| **Section l:**  PLLC  Information | *Limited Liability Company Name Requirements:*   * Name contains one of the following: Limited Company; Limited Liability Company; L.C.; LC; L.L.C.; or LLC or Professional Limited Company; A Professional Limited Company; Professional Limited Liability Company; A Professional Limited Liability Company; P.L.C.; PLC, P.L.L.C.; or PLLC * Name is unique. Businesses on record with the Commission cannot have the same name. [Name Availability Check](https://cis.scc.virginia.gov/Account/NameCheckAvailability) confirms the uniqueness. Complete this check before you submit. * Name cannot use language that refers to different business type (i.e. corporation). * Name cannot represent a type of service it will not provide (i.e. banking).   There are restricted words that may require additional information or review. See [Business Entity Names FAQs](https://scc.virginia.gov/pages/Business-Entity-Names) for more information. |
| **Section ll:**  Sole and Specific Purpose | The company must be organized to provide a [qualified professional service](https://scc.virginia.gov/pages/Business-Types). |
| **Section lll:**  Principal Office | The principal office is the location of the LLC’s principal executive offices. You may not use a post office box. |
| **Section lV:**  Registered  Agent | A registered agent is a person who accepts documents and notices on behalf of the LLC. The LLC may not act as its own registered agent and may only have one registered agent. See [Registered Agents and Office Addresses](https://scc.virginia.gov/pages/Registered-Agents) for information. |
| **Section V:**  Qualification | Select **one** box. A registered agent must meet at least one of the listed qualifications. |
| **Section VI:**  Registered  Office | The registered office is the business office for the registered agent.  *Registered Office Address Requirements*:   * The physical address is in Virginia. * Virtual office or a mail drop, commercial mail receiving agency is not acceptable. * Provide a complete physical address. It includes street name and number, city, state, zip code and the county or city name where the office is located. Post Office box is only acceptable when the town/city has a population of less than 2,000. |
| **Section VII:**  Signatures of Organizers | All organizers must sign. If a business entity is the organizer, the signature block must include the name of the business as well as the name and title of the individual signing on behalf of the organizer. (e.g., ABC Corporation as organizer, by Joe Doe, President). |

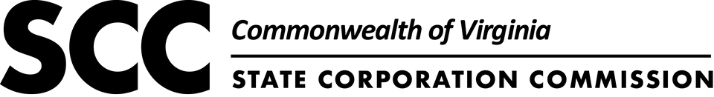
*It is a Class 1 misdemeanor for any person to sign a document he or she knows is false in any material respect with intent that the document be delivered to the Commission for filing.*

DO NOT RETURN INSTRUCTION PAGE WITH THE SIGNED STATEMENT

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| **Form LLC1103**  (Rev. 3/22)  State Corporation Commission | **Articles of Organization of a Virginia Professional Limited Liability Company** |  |

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| **Section l:**  PLLC Information | Enter a unique name. It must contain limited liability company, limited company**,** professional limited liability, professional limited company,or an abbreviation. Complete a [Name Availability Check](https://cis.scc.virginia.gov/Account/NameCheckAvailability) to confirm the name is unique. | | | | | | | | | | | | |
| LLC Name | | |  | | | | | | | | | |
| LLC Contact Number (optional): | | | |  | | | | | | | | |
| LLC Email (optional): | | | |  | | | | | | | | |
|  | | | |  | | |  | | |  | | |
| **Section II:**  Sole and Specific | Select the type of professional(s) who will provide qualified service(s) to the public for your company. These professional(s) must have a license, certification or other legal authorization before providing the qualified service. If your profession is not listed, it is not qualified under the Professional LLC Act.  The sole and specific purpose of this PLLC is to render qualified professional services as a: | | | | | | | | | | | | |
|  | Architect | | | |  | |  | Nurse practitioner | | | | |
|  | Practitioner of the Behavioral science profession | | | |  | |  | Pharmacist | | | | |
|  | Clinical nurse specialist | | | |  | |  | Licensed physical therapist assistant | | | | |
|  | Dentist | | | |  | |  | Licensed physical therapist | | | | |
|  | Audiologist | | | |  | |  | Optometrist | | | | |
|  | Practitioner of the healing arts | | | |  | |  | Professional engineer | | | | |
|  | Certified interior designer | | | |  | |  | Public Accountant/ Certified Public Accountant | | | | |
|  | Licensed insurance consultant | | | |  | |  | Speech pathologist | | | | |
|  | Land surveyor | | | |  | |  | Surgeon | | | | |
|  | Landscape architect | | | |  | |  | Veterinarian | | | | |
|  | Attorney at law | | | |  | |  |  | | | | |
|  | | | | | |  | | | | | | |
| **Section lIl:** Principal Office | Enter the complete physical address of the PLLC principal executive office. Provide a street number and name. | | | | | | | | | | | | |
| Address Line 1: | |  | | | | | | | | | | |
| Address Line 2: | |  | | | | | | | | | | |
| City: | |  | | | | | State | |  | | Zip Code: |  |

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| **Section lV:** | Enter the initial registered agent’s name. The PLLC cannot act as their own registered agent. | | | | | | | | | | | | | | | | | | | | |
| Registered Agent | Registered Agent Name | | | | | | | |  | | | | | | | | | | | | |
|  | Registered Agent Email (optional) | | | | | | | |  | | | | | | | | | | | | |
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| **Section V:** | Choose **one** qualification for the registered agent. | | | | | | | | | | | | | | | | | | | | |
| Qualification | 1) An Individual who is a resident of Virginia **and** | | | | | | | | | | | | | | | | | | | | |
|  |  | a member of the Virginia State Bar. | | | | | | | | | | | | | | | | | |
|  | a member or manager of the PLLC. | | | | | | | | | | | | | | | | | |
|  | an officer or director of a corporation that is a member or manager of the PLLC. | | | | | | | | | | | | | | | | | |
|  | a general partner of a general or limited partnership that is a member or manager of the PLLC. | | | | | | | | | | | | | | | | | |
|  | a trustee of a trust that is a member or manager of the PLLC. | | | | | | | | | | | | | | | | | |
|  | a member or manager of an LLC that is a member or manager of the PLLC or | | | | | | | | | | | | | | | | | |
| 2) |  | a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia. | | | | | | | | | | | | | | | | | |
| **Section VI:**  Registered  Office  Address | Enter the physical address of the initial registered office which is identical to the business office of the registered agent. Provide a street number and name. | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | |  | | | | | | | | | | | | | | | | |
| Address Line 2: | | | |  | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | State |  | Zip Code | | |  | | | |
|  | City | |  | | | County | | | County / City name: |  | | | | | | | | | | | |
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| **Section VIl:**  Signatures | Organizer(s) must sign. | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | Date | | |  | | |
|  | | | | | | |  | | | |  | | | | |  | | | | |
| Printed name | | | | |  | | | | | | | | | | | | | | | |
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Articles of Organization Professional Checklist

It is easy to forget or overlook something. Use this checklist to save time by avoiding common errors.

* Validate the sole and specific purpose is a [qualified professional](https://scc.virginia.gov/pages/Business-Types) service.
* Check [name availability](https://cis.scc.virginia.gov/Account/NameCheckAvailability) to ensure your LLC name is unique.
* Confirm your name includes limited liability company, limited company, professional limited liability company, professional limited company or an abbreviation.
* Include at least one signature of an organizer.
* Enclose $100 filing fee. Please make it payable to the State Corporation Commission.
* Remove any enclosed documents. Only send the form.