Articles of Organization of a Virginia Professional Limited Liability Company

Filing Requirements

Required Fees | Filing Fee: $100.00

File Online Today


Paper Filing

Download from [https://scc.virginia.gov/pages/Virginia-Limited-Liability-Companies](https://scc.virginia.gov/pages/Virginia-Limited-Liability-Companies) complete, print, and mail or deliver to below address:

**State Corporation Commission**
Clerk’s Office
P.O. Box 1197
Richmond, VA 23218-1197

**Courier Delivery Address**
1300 E. Main St, 1st floor
Richmond, VA 23219

Pay online with a credit card or eCheck. No additional processing fees apply for filing online.

Specific Instructions

**Article I Name**
The entity must have one of these designations at the end of its name:
- P.L.C. • Professional Limited Company
- PLC • A Professional Limited Company
- P.L.L.C. • Professional Limited Liability Company
- PLLC • A Professional Limited Liability Company

OR one of these designations in its name:
- L.C. • LLC
- LC • Limited Company
- L.L.C. • Limited Liability Company

The proposed name must be distinguishable from other entity names on record with the Commission. To check the availability of a name, visit [https://cis.scc.virginia.gov](https://cis.scc.virginia.gov), or contact the Clerk’s Office.

**Article II Sole and Specific Purpose**
The company must be organized to provide a professional service, some of which can be combined.

The following professional services can be combined:
Architect, professional engineer, land surveyor, landscape architect, and certified interior designer.

The following professional services can be combined:
Practitioner of the healing arts, nurse practitioner, optometrist, physical therapist, physical therapist assistant, practitioner of the behavioral science professions, audiologist, speech pathologist, and clinical nurse specialist.

The following professional services cannot be combined:
Dentist, pharmacist, veterinarian, attorney, public accountant, certified public accountant, and insurance consultant.

**Article III Registered Agent**
The registered agent’s sole duty is to receive legal documents and notices on behalf of the company. The company may not serve as its own registered agent. The registered agent must be an individual or entity that meets one of the qualifications. Check the applicable box.

**Article IV Registered Office**
The registered office location must be identical to the registered agent’s business office.
- Only use a rural route and box number if the registered office’s location has no street address.
- Only use a post office box if (i) there is no street address or rural route and box number, or (ii) the town/city has a population of 2,000 or less.

Provide the name of the county or independent city where the registered office is located.

**Article V Principal Office**
The principal office is the location of the company’s principal executive offices. The company must keep a current list of members and other internal company records at the principal office. Only use a rural route and box number if the principal office has no street address. A post office box is not allowed.

**Signature(s) of Organizer(s)**
One or more organizers must sign the articles. Include the signature and printed name of each person who signs.

If signing on behalf of an organizer that is a business entity, include the business entity’s name, your printed name, and your role within the business entity. Providing an entity phone number or email address allows for quicker communication if there is an issue with the filing.

Important Information

This form contains the minimum Virginia statutory requirements for articles of organization. If the articles of organization need to include additional provisions, separately prepare and submit typewritten articles of organization. The articles must be in the English language, printed in black, using the following guidelines:
- use solid white paper
- one-sided
- size 8 1/2” x 11”
- minimum 1.25” top margin and 0.75” all other sides
- no visible watermarks or background logos

Do not include personally identifiable information, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).

Form LLC1103 (Rev. 09/21)
Pursuant to Chapters 12 and 13 of Title 13.1 of the Code of Virginia, the undersigned states as follows:

Article I
The professional limited liability company’s name: ________________________________

Article II
The PLLC is organized for the sole and specific purpose of rendering the professional services of:

Article III
A. The name of the PLLC’s initial registered agent: ________________________________

B. The initial registered agent is: (Mark appropriate box.)
   (1) an INDIVIDUAL who is a resident of Virginia and
   □ a member or manager of the PLLC.
   □ a member or manager of a limited liability company that is 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 of the Virginia State Bar.
   OR
   (2) □ a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia.

Article IV
A. The PLLC’s initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent, is

   ________________________________________________________________, VA
   (number/street) (city or town) (zip)

B. The registered office is located in the □ county or □ city of ________________________________

Article V
The PLLC’s principal office address, including the street and number, is

   ________________________________________________________________, (state) (zip)

   (number/street) (city or town)

Signature(s) of Organizer(s)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
<th>Tel. # (optional)</th>
<th>Email Address (optional)</th>
</tr>
</thead>
</table>

Business Tel. # (optional) | Business Email Address (optional)

Required Fee: $100.00