

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

- Purpose:** Use this form to register your Virginia Professional LLC. A professional LLC provides [qualified services](#).
- Filing Options:** You may submit this form three ways:
1. File online at 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](#), [Registered Agent and Office Addresses](#) and [Business Entity Names](#)
 - [New Business Resources](#)
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- Section I:** *Limited Liability Company Name Requirements:*
PLLC Information
- 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](#) 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](#) for more information.

- Section II:** The company must be organized to provide a [qualified professional service](#).
Sole and Specific Purpose

- Section III:** The principal office is the location of the LLC's principal executive offices. You may not use a post office box.
Principal Office

- Section IV:** 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](#) for information.
Registered Agent

- Section V:** Select **one** box. A registered agent must meet at least one of the listed qualifications.
Qualification

- Section VI:** The registered office is the business office for the registered agent.
Registered Office
- 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:** 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).
Signatures of Organizers

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



Form
LLC1103
(Rev. 3/22)

State Corporation
Commission

Articles of Organization of a Virginia Professional Limited Liability Company

Section I:
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](#) 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:

- | | |
|--|---|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Practitioner of the Behavioral science profession | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Clinical nurse specialist | <input type="checkbox"/> Licensed physical therapist assistant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Licensed physical therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Practitioner of the healing arts | <input type="checkbox"/> Professional engineer |
| <input type="checkbox"/> Certified interior designer | <input type="checkbox"/> Public Accountant/ Certified Public Accountant |
| <input type="checkbox"/> Licensed insurance consultant | <input type="checkbox"/> Speech pathologist |
| <input type="checkbox"/> Land surveyor | <input type="checkbox"/> Surgeon |
| <input type="checkbox"/> Landscape architect | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Attorney at law | |

Section III:
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:	_____

Section IV: 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)

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 the 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: 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.

Registered Office Address

Address Line 1: _____

Address Line 2: _____

City: _____ State _____ Zip Code _____

City County County / City name: _____

Section VII:

Signatures

Organizer(s) must sign.

Signature _____ Date _____

Printed name _____

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 service](#).
- Check [name availability](#) 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.