

Virginia State Bar

Eighth & Main Building
707 East Main Street, Suite 1500
Richmond, Virginia 23219-2800



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)

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.

<i>Name</i>	<i>Address</i>	<i>Zip Code</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

<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: VIRGINIA STATE BAR.