



# THE WEST VIRGINIA STATE BAR

2000 Deitrick Blvd. Charleston, WV 25311

www.wvbar.org

Phone: 1.304.558.2456

Toll Free: 1.866.989.8227

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## Limited Liability Entities

### PROFESSIONAL LIMITED LIABILITY COMPANY APPLICATION FORM

#### INSTRUCTIONS

1. Each application shall be accompanied by a fee of (one-hundred dollars) \$100.
2. If a member is not licensed to practice law in the State of West Virginia, an appropriate certification from such jurisdiction or jurisdictions in which said member is licensed to practice law attesting to such member's good standing to practice law in said jurisdiction must be included in the application.
3. Two copies of the proposed Articles of Organization for the limited liability company must be submitted.
4. A certificate of insurance that the PLLC has complied with the statutory requirements (\$1 million / \$1 million) for professional liability insurance or evidence of compliance with the statutory requirements for a fund for satisfaction of judgments against the PLLC must be submitted.

**Please send this form to WV State Bar address above with Attention: PLLC Applications.**

1. The following one (1) or more active members of the West Virginia State Bar request permission to become original members of a professional limited liability company (PLLC) created in accordance with the provisions of the West Virginia Code, Chapter 31B, Article 13: (Attach additional names on a separate sheet.)

NAME: \_\_\_\_\_ STATE BAR I.D. NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ STATE BAR I.D. NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. The name of the PLLC will be (Name must include Professional Limited Liability Company, P.L.L.C. or Professional L.L.C.):

\_\_\_\_\_  
\_\_\_\_\_

3. The principal office or place of the PLLC will be located at the following address:

BUSINESS ADDRESS: \_\_\_\_\_

4. The names and residence address for the manager or managers of the PLLC are as follows:

NAME: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_

NAME: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_

5. The following is the person who is designated as the contact person with regard to this application.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_

Manager

\_\_\_\_\_

Manager

State of West Virginia, County of \_\_\_\_\_

This day personally appeared before the undersigned Notary Public, and \_\_\_\_\_, designated in the above application as manager(s) of the PLLC for which application is made and stated that the information set forth on the above application is true and correct.

\_\_\_\_\_

Notary Public

My Commission expires \_\_\_\_\_.