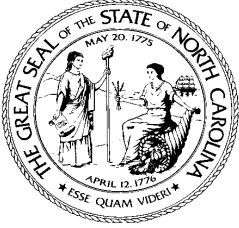


# The State of North Carolina



The North Carolina Board of Architecture and Registered Interior Designers  
434 Fayetteville St.  
Suite 2005  
Raleigh, NC 27601  
Phone: 984-328-1161 Email: [ncba@ncbarch.org](mailto:ncba@ncbarch.org) [www.ncbarch.org](http://www.ncbarch.org)

Part I. Application for Certification to Secretary of State for a Professional Limited Liability Company (PLLC) USE THIS APPLICATION TO FORM A NEW NC PLLC

FEE: \$75.00

## Information and Instructions for Applying for the Certification to Secretary of State

- Complete and return this form to the Executive Director for the North Carolina Board of Architecture and Registered Interior Designers at the address above.
- Attach a copy of the PROPOSED Professional Limited Liability Company Articles of Organization
- The application fee is \$75, the check should be made payable to the NC Board of Architecture and Registered Interior Designers.
- Upon receipt of the foregoing, the Executive Director will issue and return to you the Board's Certification which must be affixed to the Articles of Organization and filed with the North Carolina Secretary of State, Corporations Division, PO Box 29622, Raleigh, North Carolina 27626-0622. (Phone: (919) 807-2225)
- Please note that a Part II application will be sent to you along with the Certification.
- ALL CORRESPONDENCE FROM THE BOARD WILL BE SENT TO YOU VIA E-MAIL.

I. Proposed Name of the Company. It must contain the word "Professional" LLC, or P.L.L.C, or PLLC. **See Rule .0205 Name of Firm:**

\_\_\_\_\_

## Contact information:

Name

\_\_\_\_\_

Street

City,

State

Zip

\_\_\_\_\_

Phone

Email (Please print clearly, all correspondence from the Board will be sent to this email address. )

\_\_\_\_\_

II. Name(s) of all the proposed owner(s) and/or members: (attach separate sheet if necessary) % of ownership must total 100.

Name	Address	Profession	NC Registration/License Number	% of Ownership

III. Names of all the proposed professional employees, (attach separate sheet if necessary).

Name	Address	Profession	State & Registration/License Number

I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Organizer (Signature)

Printed Name

Date

Please note that at least one Organizer must be licensed to practice architecture in North Carolina.