



# NORTH CAROLINA BOARD OF LANDSCAPE ARCHITECTS

P.O. Box 41225 • Raleigh, NC 27629-1225 • www.ncbola.org  
Phone: (919) 850-9088 • Email: contact@ncbola.org

## Application for Organization Certificate of Registration - PLLC

Date: \_\_\_\_\_

Application is hereby made for Organization Certificate of Registration as a Landscape Architectural Organization. In the case of Professional Limited Liability Companies, this application is made under the provisions of Chapter 55B “The Professional Corporation Act” and 57D-2-02 “North Carolina Limited Liability Company Act” of the General Statutes of North Carolina.

1. Name of Applicant Organization: \_\_\_\_\_

2. Name of Firm Manager: \_\_\_\_\_ Email: \_\_\_\_\_  
(The firm manager will receive communications from the Board and be responsible for keeping Corporate License current.)

3. Business Address: \_\_\_\_\_

Business City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_

4. Present Title Used by Firm: \_\_\_\_\_  
(If different from Corporate Title applied for)

5. NC Licensed Landscape Architect: \_\_\_\_\_ License No.: \_\_\_\_\_

6. Services offered, or to be offered by the Corporation (please check all that apply):  
 Landscape Architecture  Engineering  Architecture  Land Surveying  Other (Specify): \_\_\_\_\_

7. Original date of formation: \_\_\_\_\_

### 8. The Members and Managers of the Applicant Organization are\*:

Name:	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Profession:	State & License #
Address:			

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Address:			

Name:	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Profession:	State & License #
Address:			

Name:	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Profession:	State & License #
Address:			

\*Attach a supplemental sheet if more space is required.

**9. The Interest Holders of the Applicant Corporation/Firm are\*:**

Name:	Profession:	State & License #
Address:		Percentage of Interest Held:
Name:	Profession:	State & License #
Address:		Percentage of Interest Held:
Name:	Profession:	State & License #
Address:		Percentage of Interest Held:
Name:	Profession:	State & License #
Address:		Percentage of Interest Held:

\*Attach a supplemental sheet if more space is required.

**10. Submit the following with this application:**

- a. In the case of limited liability companies, one copy of the Proposed Articles of Organization, Articles of Amendment, Certificate of Authority, or other corporate document which shall be in conformance with the requirements of Chapter 55B and 57D-2-02 of the General Statutes of North Carolina.  
Visit [www.secretary.state.nc.us/corporations](http://www.secretary.state.nc.us/corporations)
- b. Application fee in the amount of One Hundred Dollars (\$100.00), which shall be made payable to “North Carolina Board of Landscape Architects (NCBLA).”

**11. Foreign PLLC:**

In addition to information required in 1 through 7 for domestic PLLCs, please submit:

- a. Corporate Practice Certificate or other evidence of Corporate Registration with the licensing board of the State of Organization.
- b. If the applicant organization does not hold such a certificate, does the State have a licensing act for landscape architects?  yes  no
- c. If so, is it a Practice Act?  yes  no      A Title Act only?  yes  
Does it recognize the corporate practice of landscape architecture?  yes  no
- d. If so, are Corporate Certificates:  required  optional  not issued

**12. References:**

Please give name, title and address of at least three registered Landscape Architects or Landscape Architectural Organization or public officials who are familiar with the applicant corporation or its officers and licensees.

1.
2.
3.

**Affidavit and Notarization:**

The Undersigned certifies that he is an officer of the above named organization, namely its \_\_\_\_\_; that the application is duly authorized, and that the statement made in said application are true and accurate.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

Seal

My Commission Expires: \_\_\_\_\_