



NORTH CAROLINA BOARD OF LICENSED PROFESSIONAL COUNSELORS

P.O. Box 77819
Greensboro, NC 27417
TELEPHONE: 844-622-3572
FAX: 336-217-9450
<http://www.ncblpc.org>

CERTIFICATE OF REGISTRATION APPLICATION#

- Choose One:**
- Professional Corporation (*PC – refer to NC G.S. 55-B*)
 - Professional Limited Liability Corporation (*PLLC – refer to NC G.S. 55-B & NC G.S. 57-C*)
 - Professional Association (*PA – refer to NC G.S. 55-B*)

Mail completed form, application fee, a draft **COPY OF YOUR ARTICLES OF INCORPORATION/ORGANIZATION** to:

NCBLPC
PO Box 77819
Greensboro, NC 27417

Application Fee: \$50.00

NORTH CAROLINA County of _____

Name of Corporation: _____

Purpose for which corporation is being organized:

- Practice of Counseling
- Other – please list _____

Mailing Address: _____

Street Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Name(s), complete address(s), license type and license number(s) of proposed owner(s) or incorporator(s):

- | | |
|-----------------------------|-----------------------------|
| (1) _____

_____ | (3) _____

_____ |
| (2) _____

_____ | (4) _____

_____ |

Name(s), license type and license number(s) of proposed stockholder(s) if applicable:

Name(s) and occupation(s) of proposed Board of Directors:

Name(s) and occupation(s) of proposed Officers or Members:

Names and license numbers of Licensed Professional Counselor Associates, Licensed Professional Counselors and Licensed Professional Counselor Supervisors employed by the corporation:

Names and duties of persons other than the ones listed above that are employed or to be employed by the corporation:

We attest, to the best of our knowledge and belief that no disciplinary action is pending in any jurisdiction against any of the licensed incorporators, officers, directors, shareholders, or employees of this corporation. The undersigned acknowledge that the corporation or company is being organized under the provisions of the North Carolina General Statutes.

Submitted by (incorporator(s) or organizer(s)):

Print name

Signature

STATE OF NORTH CAROLINA
County of _____

I HEREBY CERTIFY THAT the above incorporator(s) or organizer(s) personally appeared before me this day and stated that they had read the foregoing Certificate of Registration Application and that the statements contains therein are true.

Signed before me this _____ day of _____ in the year _____.

Notary Public

My commission expires

SEAL