

**North Carolina State Board of Certified Public Accountant Examiners**

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605  
Phone 919-733-1423 • Fax 919-733-4209 • Web [www.nccpaboard.gov](http://www.nccpaboard.gov)

**INSTRUCTIONS FOR REGISTRATION OF A  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

Attached is an application for the *Registration of a Limited Liability Partnership*. Please keep a copy of all documents for your reference. Please contact the Secretary of State's office by telephone at (919) 807-2225 or visit the Secretary of State's web site, [www.sosnc.com](http://www.sosnc.com), to obtain the necessary forms and fee information.

**NOTE:** The Board will submit all forms and fees directly to the Secretary of State.

**NOTE:** Pursuant to 21 NCAC 08N .0306(c), the firm's name on the letterhead must match exactly the firm name on the Board's *Registration of Limited Liability Partnership* application form and the Secretary of State's *Application for Registration Registered Limited Liability Partnership*.

**REQUIRED INFORMATION**

- Completed Contact Information sheet;
- One copy of the completed *Application for Registration of a Registered Limited Liability Partnership* for the Secretary of State (available form [www.sosnc.com](http://www.sosnc.com));
- One copy of the proposed CPA firm letterhead; and
- Completed *Registration of a Registered Limited Liability Partnership* form

**FEES**

- For CPA firms with offices outside of North Carolina, a check payable to the NC State Board of CPA Examiners in an amount equal to \$10 per owner, with a maximum fee of \$2,500; and
- A check payable to the Secretary of State for the fee required for filing the *Registered Limited Liability Partnership Application* (available from [www.sosnc.com](http://www.sosnc.com))

Upon receipt of this information, the Board staff will complete an additional form that certifies to the Secretary of State that the limited liability partnership name complies with the Board's rules and that the proposed CPA partners are properly licensed. The Board staff will instruct the Secretary of State to return the certified copy of the *Registered Limited Liability Partnership Application for Registration*, after filing, to the Board. Upon receipt, the Board will send a *Certificate of Registration* and the certified copy of the *Registered Limited Liability Partnership Application for Registration* to the firm's contact person listed on the following page. If the Board staff or the Secretary of State encounters any problems, this person will be notified.

### CONTACT INFORMATION

Please provide the firm's contact information below and submit the completed form to the Board with other required information.

CPA Firm Name \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & ZIP \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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**REGISTRATION OF A REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to 21 NCAC 08J .0108, all CPA firms are required to register with the Board and must re-register annually in accordance with NCGS 93-12(8)(a) and 21 NCAC 08J and 08K.

CPA Firm Name: \_\_\_\_\_

Supervising CPA: \_\_\_\_\_

Supervising CPA's Certificate No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Total Number of Partners/Owners: \_\_\_\_\_

**NOTE: Professional Corporations, Professional Limited Liability Companies, and Limited Liability Partnerships must dissolve/withdraw with the Secretary of State's office before being removed from the Board's list of active firms.**

For all other offices operated or maintained by the applicant limited liability partnership, please provide the above-requested information on an attached sheet If there are no other offices, check here ( ).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**REQUIRED INFORMATION**

- 1) List all resident North Carolina owners below or on additional sheets:

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

- 2) List all non-resident owners below or on additional sheets:

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

**NOTE:** All non-resident CPAs who enter North Carolina to provide services to a North Carolina client must provide the Board with a *Notification of Intent to Practice*. Have all such CPAs provided the necessary *Notification of Intent to Practice*? ( ) Yes ( ) No ( ) N/A