

**CERTIFICATE OF ORGANIZING MEMBERS AND  
APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR A PROFESSIONAL LIMITED  
LIABILITY COMPANY FOR THE PRACTICE OF MEDICINE**

The undersigned, being all of the organizers of \_\_\_\_\_ a professional limited liability company about to be organized under the laws of North Carolina for the purpose of practicing medicine, hereby certify to the North Carolina Medical Board:

1. All persons who are organizing members and all persons who, to the best of our knowledge and belief, will be members or who will be employed by said professional limited liability company to practice medicine for said professional limited liability company are duly licensed to practice medicine in North Carolina. The names and addresses of all members are:

MEMBER	P.O. BOX OR STREET	CITY, STATE, ZIP CODE

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction any of the persons listed above.
3. We represent that the professional limited liability company will be conducted in compliance with the Limited Liability Company Act and with the Regulations of the North Carolina Medical Board.
4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Organization are filed with the Secretary of State.

\_\_\_\_\_  
Organizing Member

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for the above named County and State, do hereby certify that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Public (Seal)

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