

Please complete in typescript. or in bold black capitals.

**CHFP001** 

(Section 2 LLP Act 2000) Application for incorporation of a Limited

Liability Partnership

INC 54960.

AC 00400089

CHITECTS

Situation of Registered Office

Please leave this box blank

Full Name of Limited **Liability Partnership** 

ENGLAND and WALD

Insert "England and Wales", "Wales" or "Scotland"

PO Box number only is not acceptable

**Registered Office** Address

471 NU STREET COLLEGE

Post town

County / Region

UK Postcode

5HH BSI

Will all Members from time to time be designated members?

YES

NO

If no, at least two of the listed members must be designated members

Number of continuation sheets attached to this application for incorporation

(List members overleaf)

RRISTOL

I certify that I am a: (Please tick appropriate box)

Solicitor engaged in the formation of this LLP

Member named overleaf of the LLP

And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit.

Signed

10/08/04

Date

6th August 2004

Please give the name, address, telephone number and e-mail address available) of the person Companies House should contact if there is any query. (DX addresses are acceptable for this purpose if you have one).

JORDANS LIMITED 21 ST THOMAS STREET **BRISTOL BS16JS** REF: UU490/ALF

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COMPANIES HOUSE

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh

## List of Members on Incorporation Peers or others Surname or MTYME known by a title may Corporate name use the title instead PETERJOHN JEREMY of or in addition to Forename(s) their name Member Reference Number \* (as advised by Companies Day Month Year Date of Birth House) \* Voluntary Usual Residential Address FAILAND CHASE OXHOUSE information (or registered or principal office address in the case of a LOWER FAILAND corporation or Scottish firm) BRISTOL Post town BS8 35L UK County / Region Postcode CLAND Country I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) 6th August 2004 Signed Date (Member to sign and date) HARB ISON Surname or Peers or others Corporate name known by a title may use the title instead TIMOTHY JA QUES Forename(s) of or in addition to their name Year Member Reference Number \* Day Month Date of (as advised by Companies Birth House) \* Voluntary information Usual Residential Address SALISBURY ROAD (or registered or principal office address in the case of a REJUAND corporation or Scottish firm) BRISTOL Post town UK B26 County / Region Postcode Country

NOTE: Unless there are at least two designated members, all members will be designated members.

(Member to sign and date)

page 1

Signed

I consent to act as a member of the limited liability partnership named on

**Date** 

(Please tick this box if consenting to act as a designated member)

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## CHFP001

## LLP2 cont

Full Name of Limited Liability Partnership		ESHA ARCHITECTS LLA	
List of Members on Incorporation			
Peers or others known by a title m		EMBLETON	
use the title instead of or in addition to their name		NEIL TREVOR	
	ember Reference Number * (as advised by Companies House)	Date of Day Month Year  Birth 1 4 0 8 1 9 5 3	
	Isual Residential Address †† (or registered or principal office	27A EGERTON ROA	3
<sup>™</sup> Tick this box if the address shown is a service	address in the case of a corporation or Scottish firm )	BISHOASTON	
address for the beneficiary of a Confidentiality Order granted under the provisions of	Post town	BRISTOL	
	County / Region		UK Postcode BS7 8HN
section 723B of the Companies Act	Country	ENGLAND	
1985  Voluntary  nformation		I consent to act as a member of the page 1	limited liability partnership named on
		(Please tick this box if consenting to act as	s a designated member)
	Signed	(Member to sign and date)	Date 5.8.04
Peers or others known by a title m	Surname or		
use the title inste of or in addition t			
their name Me	ember Reference Number *	D:	ate of Day Month Year
(as advised by Companies House)			Birth
†† Tick this box if the address showr is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of	sual Residential Address <sup>††</sup> (or registered or principal office address in the case of a corporation or Scottish firm)		
	Post town		
	County / Region		UK Postcode
the Companies Act 1985	t Country		
* Voluntary information		I consent to act as a member of the I page 1	
	1	(Please tick this box if consenting to act as	s a designated member)
	Signed		Date
		(Member to sign and date)	

Form April 2002 CHAD 16/07/2002

NOTE: Unless there are at least two designated members, all members will be designated members.

**FILE COPY** 



## CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC309103

The Registrar of Companies for England and Wales hereby certifies that ESHA ARCHITECTS LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Cardiff the 27 August 2004



