

Please complete in typescript.



(Section 2 LLP Act 2000)

Examplication for Incorporation of a Limited

or in bold black capitals. CHWP000	HOUTS A	Liability Partnership
Please leave this box blank	(3/1-100)	
Full Name of Limited Liability Partnership		LLP
Situation of Registered Office	1 2 O (T A () 1 A () 1 A () 1 A () A () A	r "Scotland"
Registered Office Address		HENS
Post town	LONDON	
PO Box number County / Region only is not acceptable		UK Postcode N6 6DD
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
(List members overleaf) Number of continuation sheets attached to this application for incorporation		•
	Solicitor engaged in the form	
	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	Mahn	Date 2/2/2005
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the		
form. The contact information that you give will be visible to searchers of the public record.	Tel E-mail	
	When you have completed and signed Registrar of Companies at:	the form please send it to the

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COMPANIES HOUSE

04/02/05

Form April 2002

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 235 Edinburgh or LP - 4 Edinburgh 2

List of Members on Incorporation Peers or others Surname or SIMKINS Corporate name known by a title may use the title instead MICHAEL Forename(s) of or in addition to their name Day Month Year Date of Member Reference Number * (as advised by Companies Birth 3 0 House) ^{††} Usual Residential BISHAM GARDENS Address (or registered or ^{††} Tick this box if the principal office address in the address shown is a case of a corporation or service address for the beneficiary of a LONDAN Post town **Confidentiality Order** granted under the UK provisions of section County / Region N 6 723B of the Postcode Companies Act 1985 Country I consent to act as a member of the limited liability partnership named on (Please tick this box if consenting to act as a designated member) * Voluntary Signed Date 2005 information (Member to sign and date) Surname or SIMKINS Peers or others Corporate name known by a title may DIANE MARY use the title instead Forename(s) of or in addition to their name Member Reference Number * Year Day Month Date of (as advised by Companies Birth β 0,8 ن ایک ^{††} Usual Residential Address BISHAM GARDENS (or registered or principal ^{††} Tick this box if the office address in the case of address shown is a a corporation or Scottish firm service address for the beneficiary of a Post town LONDON Confidentiality Order granted under the provisions of section UK County / Region N6 723B of the Postcode Companies Act 1985 Country * Voluntary information 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) Signed Date

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

(Member to sign and date)

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC311400

The Registrar of Companies for England and Wales hereby certifies that MICHAEL SIMKINS 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 08 February 2005



