

Please complete in typescript, or in bold black capitals.
CHWP000

LLP2

(Section 2 LLP Act 2000)

or LP - 4 Edinburgh 2

Application for Incorporation of a Limited Liability Partnership

CHITCOU	The state of the s	
Please leave this box blank	OC341317	
Full Name of Limited Liability Partnership	A & KTILE AGENCY LLP	
Liability Partitership		
Situation of Registered Office	ENGLAND AND WALES	
	Insert "England and Wales", "Wales" or "Scotland"	
Registered Office Address	2 MADISON COURT	
Addiess	FINNINGLEY	
Post town	DONCASTER	
PO Box number County / Region	UK C	
only is not acceptable	SOUTH YORESHIRE Postcode DN9 3GL	
Will all Members from time to	If no, at least two of the	
time be designated members?	listed members must be	
(List members overleaf)	designated members	
Number of continuation sheets attached to this application for	0	
incorporation		
	certify that 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	Date 18.10.08	
You do not have to give any contact	CEOZIERJONES	
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	9113 THORNE ROAD, DONCASTER	
give will be visible to searchers of the	ON1 2HJ Tel 01302 738382	
public record	DX number DX exchange	
>	When you have completed and signed the form please send it to the Registrar of Companies at	
AKQ9U4MD	Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or	
A33 07/11/2008 84 COMPANIES HOUSE	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 235 Edinburgh	

List of Members on Incorporation		
Peers or others known by a title may	Surname or Corporate name	KINGHAM
use the title instead of or in addition to their name	Forename(s)	JAMES EDWARD
****	er Reference Number *	Date of Day Month Year
	(as advised by Companies House)	Birth 2,2 95 1,9 63
†† Tick this box if the	** Usual Residential Address (or registered or	2 mnoison court
address shown is a service address for the beneficiary of a Confidentiality Order granted under the	principal office address in the case of a corporation or	FINNINGLEY
	Post town	DONCASTER
	County / Region	SOUTH YORESHIRE DN93GL
•	Country	ENGLAND
		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)
* Voluntary information	Signed	Date ×19.10.08
		(Member to sign and date)
Peers or others known by a title may	Surname or Corporate name	ALLEN
use the title instead of or in addition to	Forename(s)	DAVID JOHN
their name	an Dafanana Atro-tra : A	
	per Reference Number * (as advised by Companies House)	Date of Day Month Year Birth 20911972
tt Us	ual Residential Address	
^{††} Tick this box if the	(or registered or principal office address in the case of	9 LAXEY GROVE
address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section	a corporation or Scottish firm	EIBBLETON .
	1 031 10411	PRESTON
723B of the Companies Act 1985	County / Region	LANCS Postcode PRI 6EJ
* Voluntary	Country	ENGLAND
		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 18.10 08
		(Member to sign and date)

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. OC341317

The Registrar of Companies for England and Wales hereby certifies that

A & K TILE AGENCY 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 on 10th November 2008.



