



Please complete in typescript,  
or in bold black capitals.

CHWP000

000493/20.

# LLP2

(Section 2 LLP Act 2000)

## Application for Incorporation of a Limited Liability Partnership

Please leave this box blank

Full Name of Limited Liability Partnership

Situation of Registered Office

Registered Office Address

Post town

PO Box number only is not acceptable

County / Region

Will all Members from time to time be designated members?

(List members overleaf)

Number of continuation sheets attached to this application for incorporation

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

Date

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.

A4G ACCOUNTING LLP

Tel 01474 853 856

DX number

DX exchange

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 235 Edinburgh  
or LP - 4 Edinburgh 2

WEDNESDAY



A07

19/11/2008

232

COMPANIES HOUSE

# List of Members on Incorporation

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

BROWN

Forename(s)

STEVE

Member Reference Number \*  
(as advised by Companies House)

Date of Birth Day Month Year

07 12 1977

†† Usual Residential

Address (or registered or principal office address in the case of a corporation or

5 ST MARY'S CLOSE

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985



Post town

GRAVESEND

County / Region

KENT

UK Postcode

DA12 5PA

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)



\* Voluntary information

Signed

S Brown

Date

12/11/08

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

SCIP II LTD

Forename(s)

Member Reference Number \*  
(as advised by Companies House)

Date of Birth Day Month Year

†† Usual Residential Address

(or registered or principal office address in the case of a corporation or Scottish firm

5 ST MARY'S CLOSE

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985



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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

S Brown

Date

12/11/08

(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. OC341591

The Registrar of Companies for England and Wales hereby certifies that

**BRUTH 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 **20th November 2008**.



*Companies House*  
— for the record —



THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES