In accordance with Section 2 of the Limited Lability Partnership Act 2000 and the relevant provisions of the Companies Act 2005 as applied to Limited Liability Partnerships

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

001732/20



A fee is payable with this form Please see "Fow to pay" on the last page

What this form is for You may use this form to incorporate a Lim ted Liability Partnership What this form is NOT for You cannot use this form to incomorate a company To coppease use form NOT Appreciate a company.



AV103R4D A18 19/05/2010 COMPANIES HOUSE

Part 1 LLP details

Filling in this form Rease complete in typescript or in bold black capitals.

A'l fields are mandatory unless specified or indicated by *

		specified or indicated by *	
Å1.	LLP details		
	Please show the proposed LLP name below.	O Duplicate names Dup' cate names are not permitted.	
LLP name ir full O	AH PLANT	O Name ending You must delete either LLP or Limited Liab "ty Partmership.	
Name ending ©	LLP/Limited Les "in Pathorna	if the LLP is situated in Wales and you chose to have a Welsh ending (PAC or	
For officia! use		Partner aeth Atebo'rwydd Cyfyngedig), p'ease Lise form LL 'AO'rc	
A	LLP name restrictions 0		
	Please tick the box only if the proposed LLP name contains sensitive or restricted words or expressions that require you to seek comments of a government department or other specified body I confirm that the proposed company name contains sensitive or restricted words or expressions and that approval, where appropriate, has been sought of a government department or other specified body and I attach a copy of their response.	OLLP name restrictions A list of sensitive or restricted words or expressions that require consent can be found in guidance available on our website; www.compan eshouse.gov.uk	
	Situation of registered office o		
	Please tick the appropriate box below that describes the situation of the proposed registered office (only one box must be ticked). England and Wales Wales Scotland Northern Ireland	ORegistered office Every ILP must have a registered office and this is the address to which the Registrar will send correspondence. For England and Wales ILPs, the address must be in England or Wales for Welsh, Scottish or Northern Ireland ILPs, the address must be in Wales, Scotland or Northern ireland respectively	

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AA	Registered office address o		
	Prease give the registered office appress of your LLP	O Registered office address You must ensure that the address	
Building name/number	CAROLYN HONER 5	shown in this section is consistent v. th the situation indicated in	
Post town County/Reg on Postcode	HALSONEN WEST MIDLANGE BG313168	you must provide an address in England or Wales for LIPs to be registered in England and Wales You must provide an address in Wales, Scotland or Northern reland for LIPs to be registered in Wales, Scotland or Northern Ireland respectively	
ĄŚ	Members' designation		
	Will all members from time to time be designated members? © Yes No	O Members' designation if 'Yes' a'] members named will be des gnated if 'No' at 'east two members named must be designated	

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Part 2 Proposed officers

- → For a member who is an individual, go to Section B1.
- → For a corporate member, go to Section C1.

There must be two designated members at all times. Unless there are at least two designated members all members will be designated.

Member

B1	Member appointments •	
T-1. •	Please use this section to list all the member appointments taken on formation For a corporate member complete C1-C5.	Appointments For corporate member appointments please complete section C1-C5 instead of section B.
Title*	MR	⊘ Former name(s)
Full forename(s)	ALISTAIR EDWARD	Please provide any previous names which have been used for business
Sumame	HUGHES	purposes in the last 20 years. Married women do not need to give
Former name(s) 🛭		former names unless previously used for business purposes.
Country/State of residence ©	ENGLAND	Country/State of residence This is in respect of your usual residential address as stated in
Date of birth	01 04 1984	Section B4
Designated member	Please tick this box if you are consenting to act as a designated member	 Designated member There must be at least two designated members at all times.
		Additional appointments If you wish to appoint more members, please use the 'Member appointments' continuation page
B2	Member's service address ♥	
	Please complete the service address below You must also fill in the member's usual residential address in Section B4 .	Service address This is the address that will appear on the public record. This does not
Building name/numb	er 5	have to be your usual residential address.
Street	Dus Cox Kors	Please state 'The LLP's Registered Office' if your service address will
Post town	HALLSOWEN	be recorded in the LLP's register of members' particulars as the LLP's
County/Region	WEST MIDIANDS	registered office If you provide your residential address here it will appear on the
Postcode	18/18/18/18/18	
Country	ENG LAND	public record
	279 - 700	
В3	Signature o	
	I consent to act as member of the proposed LLP named in Section A1.	Signature The person named above consents
Signature	Signature X	to act as member of the

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Member

B1	Member appointments ●		
	Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5.	Appointments For corporate member appointments, please complete section C1-C5	
Title*	MRS	instead of Section 8.	
Full forename(s)	JUDITH ANITA	Please provide any previous names	
Surname	WILLIAMS	which have been used for business purposes in the last 20 years Married women do not need to give former names unless previously used for business purposes	
Former name(s) •			
Country/State of residence •	ENGLAND	Country/State of residence This is in respect of your usual residential address as stated in	
Date of birth	2/5 10 14 1/9/5/6	section B4	
Designated member O	Please tick this box if you are consenting to act as a designated member	There must be at least two designated members at all times	
		Additional appointments If you wish to appoint more members, please use the 'Member appointments' continuation page	
B2	Member's service address O		
	Please complete the service address below You must also fill in the member's usual residential address in Section B4	Service address This is the address that will appear	
Building name/number	5	on the public record This does not have to be your usual residential	
Street	Dus Cox Kox	address Please state 'The LLP's Registered	
		Office' if your service address will be recorded in the LLP's register of	
Post town	HALLSOWEN	members' particulars as the LLP's registered office.	
County/Region	WEST MIDLANDS	if you provide your residential address here it will appear on the public record	
Postcode	B63 3 2 5		
Country	KAGAANS		
В3	Signature ©		
	I consent to act as member of the proposed LLP named in Section A1.	Signature The person named above consents	
Signature	Synature X Williams X	to act as member of the proposed	
		<u> </u>	

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Part 3	Signature	
	I certify that ! am a	
	- Solicitor engaged in the formation of this LLP - Member named of this LLP and that two or more persons named in this form are associated for carrying on lawful bus ness with a view to profit	
	I am signing this form on behalf of the LLP	
Signature	X X	



FILE COPY

CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC355174

The Registrar of Companies for England and Wales hereby certifies that

AH PLANT LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited and the situation of the registered office is in England/Wales.

Given at Companies House on 24th May 2010.



