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In accordance with  
Section 2 of the Limited  
Liability Partnership Act  
2000 and the relevant  
provisions of the  
Companies Act 2006  
as applied to Limited  
Liability Partnerships

# LL IN01

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



A fee is payable with this form  
Please see 'How to pay' on the last page

☒ **What this form is for**  
You may use this form to  
incorporate a Limited Liability  
Partnership

☐ **What this form is NOT**  
You cannot use this form  
to incorporate a company. If  
you wish to register a company, please use form IN01 'Apply to register a company'

WEDNESDAY



A42 \*AZAEFVEL\* 207  
COMPANIES HOUSE

### Part 1 LLP details

→ **Filling in this form**  
Please complete in typescript or in  
bold black capitals.  
  
All fields are mandatory unless  
specified or indicated by \*

#### A1 LLP details

Please show the proposed LLP name below

LLP name in full <sup>①</sup>

ADELAIDE WALKER

Name ending <sup>②</sup>

LLP/Limited Liability Partnership

For official use

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**① Duplicate names**  
Duplicate names are not permitted

**② Name ending**  
You must delete either LLP or Limited Liability Partnership  
If the LLP is situated in Wales and you chose to have a Welsh ending (PAC or Partneriaeth Atebolrwydd Cyfyngedig), please use form LL IN01c

#### A2 LLP name restrictions <sup>③</sup>

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

**③ LLP name restrictions**  
A list of sensitive or restricted words or expressions that require consent can be found in guidance available on our website  
[www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

#### A3 Situation of registered office <sup>④</sup>

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

**④ Registered office**  
Every LLP must have a registered office and this is the address to which the Registrar will send correspondence  
  
For England and Wales LLPs, the address must be in England or Wales  
  
For Welsh, Scottish or Northern Ireland LLPs, the address must be in Wales, Scotland or Northern Ireland respectively

LL IN01

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

A4

**Registered office address ①**

Please give the registered office address of your LLP

Building name/number	55/56 PEGHOLME, WHARFEBANK
Street	BUSINESS CENTRE
	ILKLEY ROAD
Post town	OTLEY
County/Region	WEST YORKSHIRE
Postcode	LS21 3JP

**① Registered office address**

You must ensure that the address shown in this section is consistent with the situation indicated in section A3

You must provide an address in England or Wales for LLPs to be registered in England and Wales

You must provide an address in Wales, Scotland or Northern Ireland for LLPs to be registered in Wales, Scotland or Northern Ireland respectively

A5

**Members' designation**

Will all members from time to time be designated members? ②

☐ Yes

☒ No

**② Members' designation**

If 'Yes' all members named will be designated. If 'No' at least two members named must be designated

LL IN01

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

**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 ①**

Please use this section to list all the member appointments taken on formation  
 For a corporate member complete C1-C5

Title*	MRS MARGARET WALKER
Full forename(s)	MARGARET
Surname	WALKER
Former name(s) ②	COLLETT
Country/State of residence ③	ENGLAND
Date of birth	d 1 0 m 0 1 y 1 9 y 4 y 4
Designated member ④	Please tick this box if you are consenting to act as a designated member <input type="checkbox"/>

**① Appointments**

For corporate member appointments, please complete section C1-C5 instead of section B

**② Former name(s)**

Please provide any previous names 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

**③ Country/State of residence**

This is in respect of your usual residential address as stated in Section B4

**④ 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 ⑤**

Please complete the service address below You must also fill in the member's usual residential address in **Section B4**

Building name/number	55/56 PEGHOLME, WHARFEBANK
Street	BUSINESS CENTRE
	ILKLEY ROAD
Post town	OTLEY
County/Region	WEST YORKSHIRE
Postcode	LS21 3JP
Country	ENGLAND

**⑤ Service address**

This is the address that will appear on the public record This does not have to be your usual residential address

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office

If you provide your residential address here it will appear on the public record

**B3****Signature ⑥**

I consent to act as member of the proposed LLP named in **Section A1**

Signature	Signature X In Walker
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**⑥ Signature**

The person named above consents to act as member of the proposed LLP

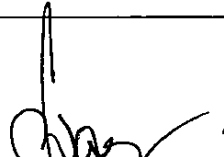
LL IN01

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

## Member

<b>B1</b>	<b>Member appointments ①</b>		<b>① Appointments</b> For corporate member appointments, please complete section C1-C5 instead of Section B  <b>② Former name(s)</b> Please provide any previous names 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  <b>③ Country/State of residence</b> This is in respect of your usual residential address as stated in section B4  <b>④ Designated member</b> There must be at least two designated members at all times  <b>Additional appointments</b> If you wish to appoint more members, please use the 'Member appointments' continuation page														
Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5.																	
Title*	MR																
Full forename(s)	JAMES IAN																
Surname	WALKER																
Former name(s) ②																	
Country/State of residence ③	ENGLAND																
Date of birth	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td>2</td><td>3</td><td>0</td><td>4</td><td>1</td><td>9</td><td>4</td><td>2</td> </tr> </table>	d	d	m	m	y	y	y	y	2	3	0	4	1	9	4	2
d	d	m	m	y	y	y	y										
2	3	0	4	1	9	4	2										
Designated member ④	Please tick this box if you are consenting to act as a <b>designated member</b> <input checked="" type="checkbox"/>																

<b>B2</b>	<b>Member's service address ①</b>		<b>① Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.  If you provide your residential address here it will appear on the public record.
Please complete the service address below. You must also fill in the member's usual residential address in Section B4.			
Building name/number	55/56 PEG-HOLME, WHARFEBANK		
Street	BUSINESS CENTRE		
	ILKLEY ROAD		
Post town	OTLEY		
County/Region	WEST YORKSHIRE		
Postcode	LS21 3JP		
Country	ENGLAND		

<b>B3</b>	<b>Signature ①</b>		<b>① Signature</b> The person named above consents to act as member of the proposed LLP.
I consent to act as member of the proposed LLP named in Section A1			
Signature	Signature 		




**LL IN01 - continuation page**  
Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

**Member**

<b>B1</b>	<b>Member appointments ①</b>													
	Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5													
Title*	MRS	<b>① Appointments</b> For corporate member appointments, please complete section C1-C5 instead of Section B												
Full forename(s)	YVONNE LUCILLE													
Surname	LE MARE													
Former name(s) ②	LE ROLLAND													
Country/State of residence ③	ENGLAND													
Date of birth	<table border="1"><tr><td>d</td><td>0</td><td>8</td><td>m</td><td>0</td><td>8</td><td>y</td><td>1</td><td>9</td><td>y</td><td>4</td><td>5</td></tr></table>	d	0	8	m	0	8	y	1	9	y	4	5	<b>② Former name(s)</b> Please provide any previous names 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
d	0	8	m	0	8	y	1	9	y	4	5			
Designated member ④	<input checked="" type="checkbox"/> Please tick this box if you are consenting to act as a designated member	<b>③ Country/State of residence</b> This is in respect of your usual residential address as stated in section B4												
		<b>④ Designated Member</b> There must be at least two designated members at all times												

<b>B2</b>	<b>Member's service address ⑤</b>	
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4	
Building name/number	55/56 PEGHOLME, WHARFEBANK	<b>⑤ Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.  If you provide your residential address here it will appear on the public record.
Street	BUSINESS CENTRE	
	ILKLEY ROAD	
Post town	OTLEY	
County/Region	WEST YORKSHIRE	
Postcode	LS21 3JP	
Country	ENGLAND	

<b>B3</b>	<b>Signature ⑥</b>				
	I consent to act as member of the proposed LLP named in Section A1				
Signature	<table border="1"><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X	<b>⑥ Signature</b> The person named above consents to act as member of the proposed LLP
Signature		X			

# LL IN01 - continuation page

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

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

B1 Member appointments ①																	
Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5																	
Title*	MS																
Full forename(s)	ANGELA MARJORIE																
Surname	BARROW																
Former name(s) ②	ARMSTRONG																
Country/State of residence ③	ENGLAND																
Date of birth	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>2</td><td>4</td><td>0</td><td>1</td><td>1</td><td>9</td><td>6</td><td>1</td></tr></table>	d	d	m	m	y	y	y	y	2	4	0	1	1	9	6	1
d	d	m	m	y	y	y	y										
2	4	0	1	1	9	6	1										
Designated member ④	Please tick this box if you are consenting to act as a designated member <input checked="" type="checkbox"/>																

① Appointments  
For corporate member appointments, please complete section C1-C5 instead of Section B

② Former name(s)  
Please provide any previous names 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

③ Country/State of residence  
This is in respect of your usual residential address as stated in section B4

④ Designated Member  
There must be at least two designated members at all times

B2 Member's service address ⑤	
Please complete the service address below. You must also fill in the member's usual residential address in Section B4	
Building name/number	55/56 PEGHOLME, WHARFEBANK
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	ILKLEY ROAD
Post town	OTLEY
County/Region	WEST YORKSHIRE
Postcode	LS21 3JP
Country	ENGLAND

⑤ Service address  
This is the address that will appear on the public record. This does not have to be your usual residential address.

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.

If you provide your residential address here it will appear on the public record.

B3 Signature ⑥			
I consent to act as member of the proposed LLP named in Section A1			
Signature	<table border="1"><tr><td>Signature</td><td><div>X      A M Barrow      X</div></td></tr></table>	Signature	<div>X      A M Barrow      X</div>
Signature	<div>X      A M Barrow      X</div>		

⑥ Signature  
The person named above consents to act as member of the proposed LLP

# LL IN01

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

## Part 3

### Signature

I certify that I 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 business with a view to profit

I am signing this form on behalf of the LLP

Signature

Signature

X

A M Benrow

X

# LL IN01

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



### Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

ANGELA BARROW

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

07745 160090



### Certificate

We will send your certificate to the presenters address (shown above) or if indicated to another address shown below

☐ At the registered office address (Given in Section A4)



### Checklist

We may return forms completed incorrectly or with information missing

Please make sure you have remembered the following

- ☐ You have checked that the proposed LLP name is available and the various rules that may affect your choice of name. More information can be found in guidance on our website
- ☐ If the name of the company is the same as one already on the register as permitted by The Company and Business Names (Miscellaneous Provisions) Regulations 2008, please attach consent
- ☐ You have used the correct appointment section
- ☐ Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number
- ☐ There are at least two designated members
- ☐ The document has been signed, where indicated
- ☐ You have enclosed the correct fee
- ☐ All relevant attachments have been included



### Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses



### How to pay

A fee is payable on this form

Make cheques or postal orders payable to 'Companies House'. For information on fees, go to [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)



### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

**For LLPs registered in England and Wales**

The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ  
DX 33050 Cardiff

**For LLPs registered in Scotland**

The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post)

**For LLPs registered in Northern Ireland**

The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG  
DX 481 N R Belfast 1

**Section 243 exemption**

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below  
The Registrar of Companies, PO Box 4082,  
Cardiff, CF14 3WE



### Further information

For further information, please see the guidance notes on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

This form is available in an alternative format. Please visit the forms page on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)





**FILE COPY**

**CERTIFICATE OF INCORPORATION  
OF A  
LIMITED LIABILITY PARTNERSHIP**

Partnership No. OC366117

The Registrar of Companies for England and Wales hereby certifies that

**ADELAIDE WALKER 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 1st July 2011.



*Companies House*  
— for the record —



THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES