

File Copy



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC379940

The Registrar of Companies for England and Wales, hereby certifies that

EDOL LLP

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

Given at Companies House, Cardiff, on 5th November 2012



NOC379940J



THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES



Companies House

— for the record —

The above information was communicated by electronic means and authenticated by the Registrar of Companies under the Limited Liability Partnerships (Application of the Companies Act 2006) Regulations 2009 SI 2009/1804



Companies House
— for the record —

LLIN01(ef)

Application to register an LLP

Received for filing in Electronic Format on the: 05/11/2012



X1L1PRPE

*LLP Name
in full:*

EDOL LLP

*Situation of Registered
Office:*

England and Wales

*Proposed Register
Office Address:*

**THIRD FLOOR 111 CHARTERHOUSE STREET
LONDON
UNITED KINGDOM
EC1M 6AW**

At least two members named must be designated

Proposed Officers

LLP Member *I*
Type: **Person**
Full forename(s): AILSA LOUISE

Surname: BLOORE

Former names:

Country / State of residence: GREAT BRITAIN

Date of Birth: 16/06/1971

Service Address: TRUST PLUS ST MARKS & NORTHWICK PARK HOSPITAL
 WATFORD ROAD
 HARROW
 MIDDLESEX
 UNITED KINGDOM
 HA1 3UJ

Appointment is for a Designated Member

Consented to Act: **Y** *Date authorised:* **05/11/2012** *Authenticated:* **YES**

LLP Member **2**
Type: **Person**
Full forename(s): **ANDREW CHARLES**

Surname: **BLOORE**

Former names:

Country / State of residence: **GREAT BRITAIN**

Date of Birth: **17/06/1970**

Service Address: **TRUST PLUS ST MARKS & NORTHWICK PARK HOSPITAL
WATFORD ROAD
HARROW
MIDDLESEX
UNITED KINGDOM
HA1 3UJ**

Appointment is for a Designated Member

Consented to Act: **Y** *Date authorised:* **05/11/2012** *Authenticated:* **YES**

Authorisation

I certify that two or more persons named in this form are associated for carrying on lawful business with a view to profit.

Authoriser Designation: **member**

Authenticated: **YES**
