

LL IN01

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



Companies House

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. To
register a company, please use form IN01 'Ap
register a company'

WEDNESDAY



A22 *A35YC7E3* 16/04/2014 #102
COMPANIES HOUSE

Part 1 LLP details

A1

LLP details

To check if an LLP name is available use our WebCheck service and select the
'Company Name Availability Search' option

www.companieshouse.gov.uk/info

Please show the proposed LLP name below

LLP name in full ^①

3 COUNTIES COUNSELLING AND
AUTISM ASSESSMENT

Name ending ^②

LLP/Limited Liability Partnership

For official use

06392818

→ Filling in this form

Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

① Duplicate names

Duplicate names are not permitted.
A list of registered names can be
found on our website. There are
various rules that may affect your
choice of name. More information is
available at
www.companieshouse.gov.uk

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 ③

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

A3

Situation of registered office ④

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.

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A4

Registered office address ①

	Please give the registered office address of your LLP
Building name/number	29
Street	ELMFIELD CLOSE WOODFALLS
Post town	SALISBURY
County/Region	WILTSHIRE
Postcode	S P S 2 B F

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
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No

② Members' designation

If 'Yes' all members named will be designated. If 'No' at least 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 ①**

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

Title*	MRS
Full forename(s)	ELIZABETH ELLEN
Surname	JACOBS
Former name(s) ②	
Country/State of residence ③	ENGLAND
Date of birth	^d 3 ^d ^m 05 ^y 1955
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.

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	29
Street	ELMFIELD CLOSE WOODFALLS
Post town	SALISBURY
County/Region	WILTSHIRE
Postcode	SA5 2BF
Country	ENGLAND

⑤ Service address

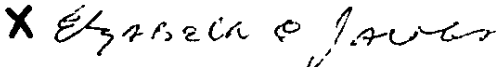
This is the address that will appear on the public record. This does not have to be your usual residential address.

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 
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⑥ Signature

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

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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*	MR
Full forename(s)	COLIN LESLIE
Surname	JACOBS
Former name(s) ②	
Country/State of residence ③	ENGLAND
Date of birth	01 03 1959
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.

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	29
Street	ELMFIELD CLOSE WOODFALLS
Post town	SALISBURY
County/Region	WILTSHIRE
Postcode	SP4 2BF
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  X

⑥ Signature

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

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Corporate member

C1 Corporate member appointments¹		<p>1 Registered or principal address This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or LP (Legal post in Scotland) number</p> <p>2 Designated member There must be at least two designated members at all times.</p> <p>Additional appointments If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page.</p>
Please use this section to list all the corporate members of the LLP		
Name of corporate body or firm	N/A	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
Designated member ²	Please tick this box if you are consenting to act as a designated member <input type="checkbox"/>	
C2 Location of the registry of the corporate body or firm		
Is the corporate member registered within the European Economic Area (EEA)? <input checked="" type="checkbox"/> Yes Complete Section C3 only <input type="checkbox"/> No Complete Section C4 only		
C3 EEA companies ³		
Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register		<p>3 EEA A full list of countries of the EEA can be found in our guidance www.companieshouse.gov.uk</p> <p>4 This is the register mentioned in Article 3 of the First Company Law Directive (68/151/EEC)</p>
Where the company/firm is registered ⁴		
Registration number		
C4 Non-EEA companies		
Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register		<p>5 Non-EEA Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register</p>
Legal form of the corporate body or firm		
Governing law		
If applicable, where the company/firm is registered ⁶		
If applicable, the registration number		
C5 Signature ⁶		
I consent to act as member of the proposed LLP named in Section A1 .		<p>6 Signature The person named above consents to act as corporate member of the proposed LLP</p>
Signature	<p>Signature</p> <p>X</p>	

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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.

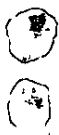
I am signing this form on behalf of the LLP

Signature

Signature

X *Edgardo Jimenez*

X



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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 **BETH JACOBS**

Company name **3 COUNTIES COUNSELLING AND AUTISM ASSESSMENT**

Address **29 ELMFIELD CLOSE
WOODFALLS**

Post town **SALISBURY**

County/Region **WILTSHIRE**

Postcode **SP5 2BF**

Country **ENGLAND**

DX

Telephone **01725 513832**


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

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 or email 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



FILE COPY

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

Partnership Number **OC392818**

The Registrar of Companies for England and Wales hereby certifies that

3 COUNTIES COUNSELLING AND AUTISM ASSESSMENT 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 and Wales.

Given at Companies House on **23rd April 2014**.



Companies House



**THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES**