

FILE COPY



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

Partnership No. **OC419398**

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

5 AGRI 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 and Wales

Given at Companies House, Cardiff, on **9th October 2017**



* NOC419398L *



Companies House



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



Companies House

LLIN01(ef)

Application to register an LLP



Received for filing in Electronic Format on the: **06/10/2017**

X6GHF9Y0

LLP name in full: **5 AGRI LLP**

Company Type: **Limited Liability Partnership**

*Situation of
Registered Office:* **England and Wales**

*Proposed Registered
Office Address:* **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
PARKHOUSE
CARLISLE
CUMBRIA
ENGLAND CA3 0LJ**

All members will from time to time be designated members

LLP Members

Type: **Person**

Full Forename(s): **MR DAVID THOMAS**

Surname: **OWEN**

Former Names:

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/02/1982**

Service Address: **recorded as Company's registered office**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR DAVID RHIDIAN**

Surname: **JONES**

Former Names:

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/05/1965**

Service Address: **recorded as Company's registered office**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR COLIN ANGUS**

Surname: **MACPHAIL**

Former Names:

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/05/1975**

Service Address: **recorded as Company's registered office**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR IAN ROBERT**

Surname: **CAIRNS**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/03/1962**

Service Address: **recorded as Company's registered office**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR JAMES EDWARD ROBIN**

Surname: **HADWIN**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/09/1981**

Service Address: **recorded as Company's registered office**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Persons with Significant Control (PSC)

Statement of initial significant control

On incorporation, there will be someone who will count as a Person with Significant Control (either a registerable person or relevant legal entity (RLE)) in relation to the LLP

Individual Person with Significant Control details

Names: **MR DAVID THOMAS OWEN**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/02/1982** *Nationality:* **BRITISH**

Service Address: **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
PARKHOUSE
CARLISLE
CUMBRIA
ENGLAND
CA3 0LJ**

The subscribers confirm that each person named as an individual PSC in this application knows that their particulars are being supplied as part of this application.

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR DAVID RHIDIAN JONES**

*Country/State Usually
Resident:* **SCOTLAND**

Date of Birth: ****/05/1965** *Nationality:* **BRITISH**

Service Address: **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
PARKHOUSE
CARLISLE
CUMBRIA
ENGLAND
CA3 0LJ**

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Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR COLIN ANGUS MACPHAIL**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/05/1975** *Nationality:* **BRITISH**

Service Address: **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
PARKHOUSE
CARLISLE
CUMBRIA
ENGLAND
CA3 0LJ**

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Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR IAN ROBERT CAIRNS**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/03/1962** *Nationality:* **BRITISH**

Service Address: **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
PARKHOUSE
CARLISLE
CUMBRIA
ENGLAND
CA3 0LJ**

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Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR JAMES EDWARD ROBIN HADWIN**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/09/1981** *Nationality:* **BRITISH**

Service Address: **MOYNANSMITH, PACIFIC HOUSE FLETCHER WAY
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Statement of Compliance

I confirm the requirements of the Companies Act 2006 as to registration have been complied with.

Authorisation

Authoriser Designation: **member**

Authenticated **YES**
