

FILE COPY



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

Partnership No. **OC420970**

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

CONSOL SPARES AND SERVICES 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 **8th February 2018**



* NOC4209709 *



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:***08/02/2018**

X6ZBGK8B

<i>LLP name in full:</i>	CONSOL SPARES AND SERVICES LLP
<i>Company Type:</i>	Limited Liability Partnership
<i>Situation of Registered Office:</i>	England and Wales
<i>Proposed Registered Office Address:</i>	6 WATERLOO INDUSTRIAL ESTATE WATERLOO ROAD BIDFORD ON AVON ALCESTER WARWICKSHIRE ENGLAND B50 4JH

At least two members named must be designated

LLP Members

Type: **Person**

Full Forename(s): **MRS CLAIRE LOUISE**

Surname: **CRUICKSHANK**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1983**

Service Address: **17 RIVERSIDE
STUDLEY
WARWICKSHIRE
ENGLAND B80 7SD**

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**

Surname: **CRUICKSHANK**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1979**

Service Address: **17 RIVERSIDE
STUDLEY
WARWICKSHIRE
ENGLAND B80 7SD**

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 ROLFE**

Surname: **SMITH**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1950**

Service Address: **ROWAN HOUSE CHURCH STREET
WELFORD IN AVON
WARWICKSHIRE
ENGLAND CV37 8EJ**

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): **MRS LYNNE MARGARET**

Surname: **SMITH**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/02/1953**

Service Address: **ROWAN HOUSE CHURCH STREET
WELFORD IN AVON
WARWICKSHIRE
ENGLAND CV37 8EJ**

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 no PSC

The limited liability partnership knows or has reason to believe that there will be no registerable Person with Significant Control or Relevant Legal Entity (RLE) in relation to the LLP

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**
