

FILE COPY



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

Partnership No. **OC424377**

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

1999 PRODUCTIONS 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 October 2018**



* NOC424377E *



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: **05/10/2018**

X7FX5KI0

LLP name in full: **1999 PRODUCTIONS LLP**

Company Type: **Limited Liability Partnership**

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

*Proposed Registered
Office Address:* **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM W1W 6HL**

At least two members named must be designated

LLP Members

Type: **Person**

Full Forename(s): **MR MARCUS PATRICK**

Surname: **FEEHILY**

Former Names:

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/05/1980**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM W1W 6HL**

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 NICHOLAS BERNARD**

Surname: **BYRNE**

Former Names:

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/10/1980**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM W1W 6HL**

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 KIAN JOHN FRANCIS**

Surname: **EGAN**

Former Names:

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/04/1980**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM W1W 6HL**

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 SHANE**

Surname: **FILAN**

Former Names:

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/07/1979**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM W1W 6HL**

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: **MARCUS PATRICK FEEHILY**

*Country/State Usually
Resident:* **IRELAND**

Date of Birth: ****/05/1980** *Nationality:* **IRISH**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM
W1W 6HL**

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: **NICHOLAS BERNARD BYRNE**

*Country/State Usually
Resident:* **IRELAND**

Date of Birth: ****/10/1980** *Nationality:* **IRISH**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM
W1W 6HL**

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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: **KIAN JOHN FRANCIS EGAN**

*Country/State Usually
Resident:* **IRELAND**

Date of Birth: ****/04/1980** *Nationality:* **IRISH**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM
W1W 6HL**

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Nature of control

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Individual Person with Significant Control details

Names: **SHANE FILAN**

*Country/State Usually
Resident:* **IRELAND**

Date of Birth: ****/07/1979** *Nationality:* **IRISH**

Service Address: **3RD FLOOR 32/33 GOSFIELD STREET
LONDON
UNITED KINGDOM
W1W 6HL**

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Nature of control

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