

or in bold black capitals.

CHFP000

illion for Incorporation of a Limited Please complete in typescript, **Liability Partnership** 004741/20 Please leave this box blank 06314642 L.L.P. BEN HOARE BELL **Full Name of Limited Liability Partnership** Situation of Registered ENELAND AND WALES. Office Insert "England and Wales", "Wales" or "Scotland" PO Box number SAVILLE CHAMBERS **Registered Office** only is not **Address** acceptable NORTH STREET NEWCASTLE WON THNE Post town UK 8DF County / Region NEI Postcode Will all Members from time to If no, at least two of the YE\$ NO time be designated members? listed members must be designated members (List members overleaf) Number of continuation sheets attached to this application for incorporation I certify that I am a: (Please tick appropriate box) Solicitor engaged in the formation of this LLP Member named overleaf of the LLP And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit. Athane 2005 Signed Please give the name, address, terephone number and e-mail address incorporation Services Ltd available) of the person 1 Saville Chambers Companies House should contact if

2 AUG 2005

Companies House receipt date barcode

triere is any query. (DX addresses are

acceptable for this purpose if you have



COMPANIES HOUSE

one).

09/08/05

E-mail

When you have complete and Dined the form please send it to the Registrar of Companies 191 2615545

North Street

Newcastle upon Tyne

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh

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(Section 2 LLP Act 2000)

List of Members on Incorporation			
Peers or othe known by a t use the title it of or in additi their name	itle may Corpora	mame or te name	JL NOMINEES ONE LIMITED.
		ename(s)	
mon manie	Member Reference Number * (as advised by Companies House)		Date of Day Month Year MRN 1124 Birth
* Voluntary information	Usual Residential Address (or registered or principal office		I SAVILLE CHAMBERS
	address in the case of a corporation or Scottish firm)	NORTH STREET.	
	Post town		NEWCKSTLE UPON TYNE
	County / Region		UK NEI 8DF.
		Country	RNELAND.
Signed			I consent to act as a member of the limited liability partnership named on page 1
			(Please tick this box if consenting to act as a designated member)
		Signed	Date 4/8/5
			(Member to sign and date)
Peers or oth known by a	Corporate name		JL NOMINEES TED LIMITED
use the title i of or in additi their name * Voluntary information	instead Forename(s)	ename(s)	
		Date of Day Month Year Birth	
		I SAVILLE CHAMBERS	
	address in the case of a corporation or Scottish firm)		NOVETLY STREET.
	Post town	NEWCASTLE UPON TYNE.	
	County / Region	UK Postcode NEI 8DF	
	Country		EVECAND
Signed		• .	I consent to act as a member of the limited liability partnership named on page 1
			(Please tick this box if consenting to act as a designated member)
		Signed	Date 4/8/5.
			(Member to sign and date)

NOTE: Unless there are at least two designated members, all members will be designated members.

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC314642

The Registrar of Companies for England and Wales hereby certifies that BEN HOARE BELL LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Cardiff the 11 August 2005



