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Companies House

for the record

Please complete in typescript,

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Application for incorporation of a Limited

Will all Members from time to time 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)	
Full Name of Limited Liability Partnership  Situation of Registered Office ENGLAND AND WALES Insert "England and Wales", "Wales" or "Scotland"  Registered Office Address  Post town  Post town  Post town  PO Box number County / Region only is not acceptable  Will all Members from time to time 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)	-
Situation of Registered Office    ENGLAND AND WALES     Insert "England and Wales", "Wales" or "Scotland"	
PO Box number County / Region Will all Members from time to time be designated members?  (List members overleaf)  Number of continuation sheets attached to this application for incorporation  Poffice INGLAN AND WALES  Insert "England and Wales", "Wales" or "Scotland"  BO LIMITE:    GARJEN	
Post town  Post town  WINCHESTER  PO Box number County / Region WANPSHIRE Postcode  Will all Members from time to time 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)	
PO Box number county / Region	ಬಽ
PO Box number only is not acceptable  Will all Members from time to time 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)	
Will all Members from time to time 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)	SR
attached to this application for incorporation  I certify that I am a: (Please tick appropriate box)	nust be
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 carrying on a lawful business with a view to profit.	ated for
Signed	>05
You do not have to give any contact information in the box opposite but if you LUTEA (UK) LIMITE)	
do, it will help Companies House to contact you if there is a query on the	SEY
form. The contact information that you TELL SUE Tel 01534 761 6	7
public record.  E-mail JEAMLIN @ LUTEA. COM	
When you have completed and signed the form please send it to the Registrar of Companies at:  A27 Companies House Crown Way, Cardiff, CF14 3UZ DX 33050 for partnerships registered in England and Wales or Companies House 37 Castle Terrace, Ediphyrgh, EH1 258	

Form April 2002

for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235

DX ED235 Edinburgh

		· · · · · ·		
List of Members on Incorporation				
Peers or others known by a title may	Surname or Corporate name	ASHLEY		
use the title instead of or in addition to	Forename(s)	NEIL.		
their name Memb	per Reference Number *	Date of Day Month Year		
	(as advised by Companies House)	Birth 14 111 1936		
	# Usual Residential			
** Tick this box if the	Address (or registered or principal office address in the	BURCOT GRANGE		
address shown is a service address for	case of a corporation or	BURCOT		
the beneficiary of a Confidentiality Order granted under the	Post town	ADING DON.		
provisions of section 7238 of the Companies Act 1985	County / Region	OXON. Postcode OXIA 3D5		
	Country	UK		
		I consent to act as a member of the limited liability partnership named c-page 1		
		(Please tick this box if consenting to act as a designated member)		
* Voluntary information	Signed	Date 5/08/05		
		(Member to sign and date)		
Peers or others known by a title may	Surname or Corporate name	MEIL ASHLEY LIFE INTEREST SETTLEMENT		
use the title instead of or in addition to	Forename(s)			
their name	ner Deference Alvertice *	The same of the sa		
	per Reference Number * (as advised by Companies	Date of Day Month Year Birth 9 0 2 1 9 9		
. 44 11.	House)	Birth 2 013 119 9 9		
• •	sual Residential Address for registered or principal	% LUTEA (OK) LINKED		
ff Tick this box if the address shown is a	office address in the case of a corporation or Scottish firm			
service address for the beneficiary of a	Post town	1.0. box 521		
Confidentiality Order granted under the	Post town	ST. HELIER		
provisions of section 723B of the Companies Act 1985	County / Region	JERSEY Postcode JE4 SUE		
* Voluntary information	Country	GHANNEY ISLES		
Commercial Sept. 18		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 11 Avg. 2005		
• •		(Member to sign and date)		

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

List of Members on Incorporation				
Peers or others known by a title may	Surname or Corporate name	YSHLEY /		
use the title instead of or in addition to their name	Forename(s)	NEVL		
Memb	oer Reference Number * (as advised by Companies House)	Date of Day Month Year Birth		
Tick this box if the	# Usual Residential Address (or registered or principal office address in the			
address shown it a service address for the beneficiary of a Confidentiality Order	case of a corporation or Post town			
gramed under the provisions of section 723B of the Companies Act 1985	County / Region	Posisode		
	Country			
		I consent to act as a member of the limited liability partnership named repage 1		
•		(Please tick this box if consenting to act as a designated member)		
* Voluntary information	Signed	Date		
		(Member to sign and date)		
Peers or others known by a title may	Surname or Corporate name	FORECASTLE LIMITES		
use the litle instead of or in addition to their name	Forename(s)	<u></u>		
	er Reference Number * as advised by Companies House)	Date of Day Month Year  Birth 2,20,82,00,5		
, <sup>H</sup> . Usu <sup>H</sup> Tick this box if the	ial Residential Address  for registered or principal office address in the case of	% LUTEA TRUSTEES LIMITED		
service address for the beneficiary of a	Post town	P.O. Box 521 9 BURRARD ST		
Confidentiality Order   granted under the provisions of section 723B of the	County / Region	ST. HELIER  JERSEY  Postcode JE4 SUE		
Companies Act 1985  Voluntary	Country	GANNEL ISLES		
information		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	(Member to sign and date)  Date 22 407, 2005		
	•	functioner in sidit day hatel		

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. OC314787

The Registrar of Companies for England and Wales hereby certifies that MIZZEN MARINE 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 25 August 2005



