PEAPOD SOLUTIONS LTD

OMPANIES

Please complete in typescript, or in bold black capitals.

(Section 2 LLP Act 2000) Application for Incorporation of a Limited

	·	Liability Partnersh	nip	
CHFP004	Please leave this box blank	CC 317 859		
	Full Name of Limited Liability Partnership	· · · · · · · · · · · · · · · · · · ·		
PO Box numi	Situation of Registered Office			
only is not acceptable	Registered Office Address	191 the eminenate		
	Post town	Cheltenham		
	County / Region	Gloucestershire UK Postcode GL50 1HH		
Will all Member from time to time be designated members? (List members overleaf)		YES NO listed members mu	ust be	
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.		
	Signed	Date 13/2/00	6	
Please give the name, address, telephone number and e-mail address (if available) of the person Companies House should contact if there is any query. (DX addresses are acceptable for this purpose if you have one).		Wiggin Osborne Fullerlove  95 The Promenade, Cheltenham, Gloucestershire, GL50 1HH  Ref: TWO/CJC  Tel 01242 710 200  E-mail  When you have completed and signed the form please send it to the		



14/02/2006

Registrar of Companies at:

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

Peapod Solutions Ltd.

List of Memb	ers on inco	orporation	
Peers or other known by a titl	e may	Surname or Corporate name	Latara Universal Associates S.A.
use the title inst of or in addition their name		Forename(s)	
		Reference Number	
	(as advised by Companies House)		Birth
* Voluntary information	Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm)		Pasea Estate
			Road Town
		Post town	Tortola
	County / Region		UK Postcode
	Country	British Virgin Islands	
			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		Signed	Date 0910212006
			(Member to sign and date)
Peers or others known by a title	e may	Surname or Corporate name	Vedette International Inc
use the title insi of or in addition their name	Forenamo(e)		
	Member Reference Number (as advised by Companies House)		
		Birth	
* Voluntary Information	Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm) Post town	Pasea Estate	
		Road Town	
		Tortola	
		County / Region	UK Postcode
		Country	British Virgin Islands
			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 09/02/2006
		_	(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. OC317859

The Registrar of Companies for England and Wales hereby certifies that SAPHIRE INVEST & TRADE 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, London the 16 February 2006



