

Please complete in typescript, or in bold black capitals CHFP041

004136150 -19928

### Application for Incorporation of a Limited **Liability Partnership**

			· <del></del>	
	Please leave this box blank	OC338262		
Full Name of Lim Liability Partners		MY LIFESTYLE OPTIONS LLP		
	, ,			
	Situation of Registered Office	<u></u>		
		Insert "England and Wales", "Wale	es" or "Scotland"	
Registered Office Address Post town		4 FINKIN STREET		
		GRANTHAM		
PO Box nur	mber County / Region	LINCOLNSHIRE	UK Postcode NG31 6QZ	
acceptable	Will all Members from time to time be designated members?	X YES	NO If no, at least two of the listed members must be	
	(List members overleaf)		designated members	
Number of continuation sheets attached to this application for incorporation				
		I certify that I am a (Please tick appro	ppriate box)	
		Solicitor engaged in the	formation of this LLP	
		Member named overleat	f 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 19-6-08	
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that		Hegarty LLP		
		48 Broadway, Peterborough,		
		PE1 1YW Tel	01733 346333	
Aon uine	ers of	DX number DX e	exchange DX 16850 Peterborough	
		When you have completed and sig Registrar of Companies at	gned the form please send it to the	

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21/06/2008 COMPANIES HOUSE

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Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland

Companies House, Crown Way, Cardiff, CF14 3UZ

for partnerships registered in England and Wales

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

List of Members on Incorporation `					
Peers or others known by a title m		rname or ate name	EVERETT		•
use the title instead of or in addition to	-	ename(s)	ROBERT WILLIAM		
their name					Day Month Year
	mber Reference s advised by Compa	nies House)		Date of Birth	2,909 1,963
	Address (or re	††Usual Residential Address (or registered or principal office address in	CORNER HOUSE, THE GREEN		
	the case of a corporation or Scottish firm)		ALLINGTON		
†† Tick this box if the address shown is a	F	ost town	GRANTHAM		
service address for the beneficiary of a Confidentiality Order	County	/ Region	LINCOLNSHIRE	UK Postcod	le NG32 2EA
granted under the provisions of section 723B of the		Country	ENGLAND		
Companies Act 1985			I consent to act as a member of the I on page 1	ımıted lıa	bility partnership named
			(Please tick this box if consenting to act a	as a design	nated member)
* Voluntary information		Signed		Date	19-6-08
			(Member to sign and date)		
Peers or others known by a title ma	y Corpor	rname or ate name	BASCOMBE		
use the title instead of or in addition to their name	-	ename(s)	KIM DAVID		
					Day Month Year
	mber Reference s advised by Compa			Date of Birth	07111963
†† (	(or registered (	sual Residential Address (or registered or principal office address in the case of a	6 BULLOCK ROAD		
†† Tick this box if the	corporation or Scottish firm)	WASHINGLY			
address shown is a service address for the beneficiary of a		ost town	PETERBOROUGH	<del> </del>	
Confidentiality Order granted under the provisions of section	County	/Region	CAMBRIDGESHIRE	UK Postcod	le PE7 3SJ
723B of the Companies Act 1985		Country	ENGLAND		
* Voluntary information			I consent to act as a member of the I on page 1	ımıted lıa	bility partnership named
			(Please tick this box if consenting to act a	as a design	nated member)
		Signed	W. D Bascade	Date	19-6-08

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



## LLP2cont

	Full Name of Limited	MY LIFESTYLE OPTIONS LLP
	Liability Partnership	
List of Memb	ers on Incorporation	
Peers or others known by a title		HULLER
use the title inste of or in addition their name		STEPHEN BRIAN
^	lember Reference Number * (as advised by Companies House)	Day Month Year  Date of Birth 1 4 1 2 1 9 5 7
ι	Jsual Residential Address†† (or registered or principal office	LINBY HOUSE, MAIN STREET
†† Tick this box if the address showi	address in the case of a	arem Danby
is a service address for the beneficiary of a	Post town	MELTON MOWERAY
Confidentiality Order granted under the	County / Region	LEICESTERSTIRE UK Postcode LE14 ZET
provisions of section 723B of the Companies Act	Country	UK
* Voluntary		I consent to act as a member of the limited liability partnership named on page 1
information		(Please tick this box if consenting to act as a designated member)
	Signed	Date 19 - 6-08
		(Member to sign and date)
Peers or others known by a title	•	
of or in addition their name		
	4b D-f Nib*	Day Month Year  Date of
	lember Reference Number * (as advised by Companies House)	Birth
L	Jsual Residential Address <sup>††</sup> (or registered or principal office address in the case of a	
†† Tick this box if the address showi is a service		
address for the beneficiary of a Confidentiality	Post town	
Order granted under the provisions of	County / Region	Postcode
section 723B of the Companies Act 1985	e Country	I consent to act as a member of the limited liability partnership named on
* Voluntary		page 1
information		(Please tick this box if consenting to act as a designated member)
	Signed	Date
		(Member to see and date)

List of iviemb	ers on incorporation		
Peers or others known by a title r use the title instea of or in addition t their name	ad .		
Member Reference Number*		Day Month Year  Date of Birth	
	advised by Companies House) Ital Residential Address ††		
†† Tick this box if the address shown is a service	(or registered or principal office address in the case of a		
address for the beneficiary of a Confidentiality	Post town	UK	
Order granted under the provisions of section 723B of the	County / Region	Postcode	
Companies Act 1985	Country		
* Voluntary		I consent to act as a member of the limited liability partnership named on page 1	
information		(Please tick this box if consenting to act as a designated member)	
	Signed	Date	
	•	(Member to sign and date)	
Peers or others known by a title r use the title inste			
of or in addition t their name	Forename(s)		
Me	mber Reference Number*	Day Month Year  Date of	
	advised by Companies House)	Bırth	
†† Tick this box if the address shown	ial Residential Address †† (or registered or principal office address in the case of a corporation or Scottish firm)		
is a service address for the beneficiary of a Confidentiality	Post town		
Order granted under the provisions of	County / Region	UK Postcode	
section 723B of the Companies Act 1985	Country		
* Voluntary 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	Date	
		(Member to sign and date)	



#### **FILE COPY**

# CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC338262

The Registrar of Companies for England and Wales hereby certifies that

#### MY LIFESTYLE OPTIONS 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 on 23rd June 2008.



