

Please complete in typescript,

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited

CHFP001		Liabi	lity Partnership
Please leave this box blank	OC344297		
Full Name of Limited Liability Partnership	Portal Financial Services LLP		
Situation of Registered	England & Wales		
Office	Insert "England and Wales", "Wales" of	or "Scotland"	u
Registered Office Address	26 - 34, Old Street,		
Post town	London		·
PO Box number county / Region only is not acceptable		UK Postcode	ECIV 9QR
Will all Members from time to time be designated members?  (List members overleaf)	YES	NO	If no, at least two of the listed members must be designated members
Number of continuation sheets attached to this application for incorporation	Two		
попрогасоп	I certify that I am a: (Please tick appropriate	e box)	
	Solicitor engaged in the form	nation of this	SLLP
	Member named overleaf of t	•	last are appointed for
	And that the two or more persons n carrying on a lawful business with a vie		leal are associated to:
Signed <sup>6</sup>		Date	18-2-09
form. The contact information that you give will be visible to searchers of the	Blackstone Franks LLP Barbican House 26-34 Old Street	Ref. JV	W / E2 <b>0</b> 3
*AHE8V89P*	London. EC1V 9QR T	Tel: 020 72	
A57 18/03/2009 239  COMPANIES HOUSE  Form April 2002	for partnerships registered in England a Companies House, 37 Castle Terrace for partnerships registered in Scotland	and Wales	OF

Form April 2002

CHAD 16/07/2002

List of Members on	Incorporation						
Peers or others known by a title may use the title instead of or in addition to their name	Surname or Corporate name	Bedivere Advisory Limited					_
	Forename(s)						
	er Reference Number * (as advised by Companies House)	25060	Date of Birth	Day	Month	Year I I I	7
## Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the	tt Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm) Post town	26 - 34, Old Street,					
	County / Region		UK Postco	. 1 141	C1V 9QR		
Companies Act 1985	Country						
		I consent to act as a member of the page 1 (Please tick this box if consenting to act				hip named	on
* Voluntary information	Signed	(Member to sign and date)	Dat	e <u></u>	8-5	2-09	<u> </u>
Peers or others known by a title may use the title instead of or in addition to	Sumame or Corporate name Forename(s)	Bors Advisory Limited					
	r Reference Number * s advised by Companies House)	25061	Date of Birth	Day	Month	Year	٦
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section	ual Residential Address (or registered or principal office address in the case of corporation or Scottish firm)	26 - 34, Old Street,					_
	Post town	London					Ī
	County / Region		UK Postco		CIV 9QR		
* Voluntary information		I consent to act as a member of th page 1	ne limited l	iability	partners	hip named o	o <b>n</b>
		(Please tick this box if consenting to act	t as a desig	nated m	nember)	$\overline{\ }$	
	Signed	S.C.Mur	Dat	e \ \ \	151	<u></u> 9,	
		(Member to sign and date)					

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

### CHFP001

# LLP2 cont

	•	
	Full Name of Limited	Portal Financial Services LLP
	Liability Partnership	
List of Members	on Incorporation	
known by a title may Corporate ruse the title instead		Galahad Advisory Limited
	mber Reference Number * (as advised by Companies House)	Date of Day Month Year  Birth
Tick this box if	sual Residential Address <sup>††</sup> (or registered or principal office address in the case of a	
the address shown is a service	corporation or Scottish firm)	
address for the beneficiary of a Confidentiality	Post town	London
Order granted under the provisions of	County / Region	Postcode ECIV 9QR
section 723B of the Companies Act 1985	Country	
Voluntary nformation		I consent to act as a member of the limited liability partnership named or page 1
		(Please tick this box if consenting to act as a designated member)
	Signed	Date 11.3.09
Peers or others		(Member to sign and date)
known by a title muse the title instead	d Corporate name	Gawaine Advisory Limited
of or in addition to their name	Forename(s)	
Me	mber Reference Number * (as advised by Companies House)	Date of Day Month Year  Birth
	sual Residential Address <sup>††</sup> (or registered or principal office	26 - 34, Old Street,
the address shown saddress in the case corporation or Scottish address for the	address in the case of a corporation or Scottish firm )	
	Post town	London
under the provisions of section 723B of	County / Region	OK Postcode EC1V 9QR
the Companies Act 1985	Country	
* Voluntary information		I consent to act as a member of the limited liability partnership named on page 1
	1	(Please tick this box if consenting to act as a designated member)
	Signed	Date 11.3.09
		(Member to sign and date)

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

#### List of Members on Incorporation Peers or others Surname or Corporate name Agravain Advisory Limited known by a title may use the title instead of or in addition to Forename(s) their name Member Reference Number \* (as advised by Companies Year Month Day Date of Birth House) Usual Residential Address # 26 - 34, Old Street, (or registered or principal office \*\* Tick this box if address in the case of a the address shown corporation or Scottish firm) is a service address for the Post town beneficiary of a London Confidentiality Order granted County / Region UK under the EC1V 9QR Postcode provisions of section 7238 of Country the Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 \* Voluntary (Please tick this box if consenting to act as a designated member) information **Signed** 3109 Date to sign and date) Surname or Corporate name Peers or others known by a title may Forename(s) use the title instead of or in addition to their name Member Reference Number \* Day Month Year Date of (as advised by Companies Birth House) Usual Residential Address \*\*\* (or registered or principal office <sup>††</sup> Tick this box if address in the case of a the address shown corporation or Scottish firm) is a service address for the Post town beneficiary of a Confidentiality Order granted County / Region UK under the Postcode provisions of section 723B of the Companies Act Country 1985 I consent to act as a member of the limited liability partnership named on page 1 \* Voluntary information (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. OC344297

The Registrar of Companies for England and Wales hereby certifies that

## PORTAL FINANCIAL SERVICES 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 24th March 2009.



