

013207/20



JORDANS

Please complete in typescript,
or in bold black capitals.

CHFP001

LLP2

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

Please leave this box blank

OC344297

Full Name of Limited
Liability Partnership

Portal Financial Services LLP

Situation of Registered
Office

England & Wales

Insert "England and Wales", "Wales" or "Scotland"

Registered Office
Address

26 - 34, Old Street,

Post town

London

PO Box number
only is not
acceptable

County / Region

UK
Postcode

EC1V 9QR

Will all Members from time to
time be designated members ?

☐

YES

☒

NO

If no, at least two of the
listed members must be
designated members

(List members overleaf)

Number of continuation sheets
attached to this application for
incorporation

Two

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

18-2-09

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 you
give will be visible to searchers of the

Blackstone Franks LLP
Barbican House
26-34 Old Street
London, EC1V 9QR

Ref. JW / E203.

Tel: 020 7250 3300



AHE8V89P

A57

18/03/2009

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COMPANIES HOUSE

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

Form April 2002

CHAD 16/07/2002

WEDNESDAY

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)

Member Reference Number *
(as advised by Companies House)

25060

Date of Birth Day Month Year

†† Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm)

26 - 34, Old Street,

†† 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 Companies Act 1985

☐

Post town

London

County / Region

UK Postcode

EC1V 9QR

Country

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)

☒

* Voluntary information

Signed



Date

18-2-09

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Bors Advisory Limited

Forename(s)

Member Reference Number *
(as advised by Companies House)

25061

Date of Birth Day Month Year

†† Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm)

26 - 34, Old Street,

†† 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 Companies Act 1985

☐

Post town

London

County / Region

UK Postcode

EC1V 9QR

Country

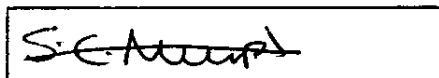
I consent to act as a member of the limited liability partnership named on page 1

(Please tick this box if consenting to act as a designated member)

☒

* Voluntary information

Signed



Date

11/3/09.

(Member to sign and date)

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

LLP2 cont

Full Name of Limited Liability Partnership

Portal Financial Services LLP

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

Galahad Advisory Limited

Forename(s)

Member Reference Number *
(as advised by Companies House)

25062

Date of Birth

Day Month Year

Usual Residential Address **
(or registered or principal office address in the case of a corporation or Scottish firm)

26 - 34, Old Street,

** 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 Companies Act 1985

☐

Post town

London

County / Region

Country

UK
Postcode

EC1V 9QR

* 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

11.3.09

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Gawaine Advisory Limited

Forename(s)

Member Reference Number *
(as advised by Companies House)

25063

Date of Birth

Day Month Year

Usual Residential Address **
(or registered or principal office address in the case of a corporation or Scottish firm)

26 - 34, Old Street,

** 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 Companies Act 1985

☐

Post town

London

County / Region

Country

UK
Postcode

EC1V 9QR

* 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

11.3.09

(Member to sign and date)

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

Agravain Advisory Limited

Forename(s)

Member Reference Number *
(as advised by Companies House)

Date of Birth

Day Month Year

Usual Residential Address ††
(or registered or principal office address in the case of a corporation or Scottish firm)

26 - 34, Old Street,

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☐

Post town

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UK Postcode

EC1V 9QR

Country

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

[Signature]

Date

11/3/09

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Forename(s)

Member Reference Number *
(as advised by Companies House)

Date of Birth

Day Month Year

Usual Residential Address ††
(or registered or principal office address in the case of a corporation or Scottish firm)

†† 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 Companies Act 1985

☐

Post town

County / Region

UK Postcode

Country

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**.



Companies House
— for the record —



THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES