



Companies House

— for the record —

LLP2

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

Please complete in typescript,
or in bold black capitals.

CHWP000

Please leave this box blank

Full Name of Limited
Liability Partnership

Situation of Registered
Office

Registered Office
Address

Post town

PO Box number
only is not
acceptable

County / Region

UK
Postcode

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

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

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
public record.

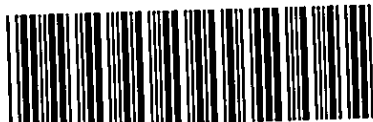
DX number

DX exchange

When you have completed and signed the form please send it to the
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 235 Edinburgh
or LP - 4 Edinburgh 2

SATURDAY



PC1

PFSTSA3U

23/05/2009

445

COMPANIES HOUSE

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

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

†† 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

RISKILL CONSULTANCY LTD.

05648647

14A KENNINGTON ROAD

LONDON

SE1 7BL

U.K.

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

T. Emrys-Roberts

Date

21.5.09.

(Member to sign and date) T. EMRYS-ROBERTS (DIRECTOR)

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

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Post town

County / Region

UK Postcode

Country

RISK MANAGEMENT DOCTOR LIMITED

05757922

10 HIGH BANK

ROCHESTER

KENT

ME1 2J5

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

Victor Zou

Date

21.05.2009

(Member to sign and date)

VICTOR ZOU (DIRECTOR)

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

LLP2 cont

Full Name of Limited Liability Partnership

TREASURY RISK PARTNERS 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

VISUAL CONSULTING LLC

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

ARADZ INC, 16 WEST MANST

DE 19702

Post town

CHRISTIANA

County / Region

DELAWARE

UK Postcode

Country

UNITED STATES

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

 PRINCIPAL

Date

21/5/09

(Member to sign and date)

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County / Region

Country

UK Postcode

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* Voluntary information

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

Signed

Date

(Member to sign and date)

List of Members on Incorporation

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Date of Birth

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☐

Signed

Date

(Member to sign and date)

* Voluntary
information



FILE COPY

**CERTIFICATE OF INCORPORATION
OF A
LIMITED LIABILITY PARTNERSHIP**

Partnership No. OC345973

The Registrar of Companies for England and Wales hereby certifies that

TREASURY RISK PARTNERS 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 **27th May 2009**.



Companies House
— for the record —



THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES