

Companies House

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Please complete in typescript,

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited

or in bold black capitals.	Liability Partnership
CHWP000	
Please leave this box blank	
Full Name of Limited Liability Partnership	
Situation of Registered Office	I COUL AND MOR MALE !
Registered Office Address	
. Post town	LONDON
PO Box number County / Region only is not acceptable	Postcode NWIO 5JE
Will all Members from time to time be designated members?	Y VEC
(List members overleaf)	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 (0.09.09
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	NATIONWIDE CORPORATE SERVICES SOMERSET HOUSE 6070 BIRMINGHAM BUSINESS PARK
give will be visible to searchers of the	BIRMINGHAM
public record.	DX number 7BF DX exchange
	When you have completed and signed the form please send it to the Registrar of Companies at:
је	Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or

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Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF

for partnerships registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

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List of Members on	Incorporation	
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name	SAUGMANN
	Forename(s)	CHRISTIAN RAHN
	er Reference Number * as advised by Companies House)	Date of Day Month Year  Birth 0 1 0 6 1 9 7 7
**	11 Usual Residential Address (or registered or principal office address in the case of a corporation or	19 B CLIFFORD GARDENS
	Post town	LOUDON
	County / Region	Postcode NW10 SJE
	Country	UNITED KINGDOM
		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	Outh Sp. Date 10.09.09
		(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	RAVN
	Forename(s)	fugge kirstine
(	er Reference Number * as advised by Companies House)	Date of Day Month Year Birth 743 012 1774
<sup>††</sup> Tick this box if the Office	ual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm	19 B CLIFFURD GARDENS
	Post town	LONDON
provisions of section 723B of the Companies Act 1985	County / Region	OK Postcode NWIO S DE
* Voluntary information	Country	UNITED KINGDOW
miomation		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	20 Date 10-9-09

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

(Member to sign and date)

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Market Bridge



## **FILE COPY**

## CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC348779

The Registrar of Companies for England and Wales hereby certifies that

## **CRS OUTDOOR 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 21st September 2009.



