In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

LL IN01

013727/20

Application for the incorporation of a Limited Liability Partnership (LLP)



A fee is payable with this form Please see 'How to pay' on the last page.

- What this form is for You may use this form to incorporate a Limited Liability Partnership.
- What this form is NOT for You cannot use this form to incorporate a company. To d please use form INO1 'Applic register a company'.



30/01/2010 **COMPANIES HOUSE**

LLP details Part 1

> → Filling in this form Please complete in typescript or in bold black capitals.

		specified or indicated by *
A1	LLP details	
	Please show the proposed LLP name below.	O Duplicate names Duplicate names are not permitted.
LLP name in full •	CURREY & CO	Name ending You must delete either LLP or Limited Liability Partnership.
Name ending ¹	LLP/ Limited Liability Partnership	If the LLP is situated in Wales and you chose to have a Welsh ending (PAC or
For official use	000352105	Partneriaeth Atebolrwydd Cyfyngedig), please use form LL INO1c.
A2	LLP name restrictions o	<u> </u>
	Please tick the box only if the proposed LLP name contains sensitive or restricted words or expressions that require you to seek comments of a government department or other specified body.	LLP name restrictions A list of sensitive or restricted words or expressions that require consent can be found in guidance available
	□ I confirm that the proposed company name contains sensitive or restricted words or expressions and that approval, where appropriate, has been sought of a government department or other specified body and I attach a copy of their response.	on our website: www.companieshouse.gov.uk
A3	Situation of registered office o	
	Please tick the appropriate box below that describes the situation of the proposed registered office (only one box must be ticked): England and Wales Wales	◆ Registered office Every LLP must have a registered office and this is the address to which the Registrar will send correspondence.
	Scotland Northern Ireland	For England and Wales LLPs, the address must be in England or Wales.
		For Welsh, Scottish or Northern Ireland LLPs, the address must be in Wales, Scotland or Northern Ireland respectively.

Application for the incorporation of a Limited Liability Partnership (LLP)

ed office address ensure that the address this section is consistent	
ituation indicated in	
l.	
provide an address in r Wales for LLPs to be	
in England and Wales.	
provide an address in otland or Northern Ireland	
for LLPs to be registered in Wales, Scotland or Northern Ireland respectively.	
s' designation	
members named will ated. If 'No' at least	
bers named must be d.	

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 2 Proposed officers

- → For a member who is an individual, go to Section B1.
- → For a corporate member, go to Section C1.

There must be two designated members at all times. Unless there are at least two designated members all members will be designated.

B1	Member appointments •	-	
_	Please use this section to list all the member appointments taken on formation. For a corporate member complete C1-C5.	● Appointments For corporate member appointments, please complete section C1-C5	
Title*	MR	instead of section B.	
Full forename(s)	PETER ANTHONY	Please provide any previous names	
Surname	воѕтоск	which have been used for business purposes in the last 20 years.	
Former name(s) 2		Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence ⑤	UK	Ocuntry/State of residence This is in respect of your usual residential address as stated in	
Date of birth	2 0 0 5 1 9 5 3	Section B4.	
Designated member •	Please tick this box if you are consenting to act as a designated member.	O Designated member There must be at least two designated members at all times.	
		Additional appointments If you wish to appoint more members, please use the 'Member appointments' continuation page.	
B2	Member's service address ⁹		
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4 .	Service address This is the address that will appear on the public record. This does not	
Building name/number	21	have to be your usual residential address.	
Street	BUCKINGHAM GATE		
		Please state 'The LLP's Registered Office' if your service address will	
Post town	LONDON	be recorded in the LLP's register of members' particulars as the LLP's	
County/Region	LONDON	registered office.	
Postcode	S W 1 E 6 L S	If you provide your residential address here it will appear on the	
Country	UK	public record.	
B3	Signature o		
_	I consent to act as member of the proposed LLP named in Section A1.	3 Signature The person named above consents	
Signature	Signature X	to act as member of the proposed LLP.	

Application for the incorporation of a Limited Liability Partnership (LLP)

Full forename(s) JOHN VIVIAN Surname NAUNTON DAVIES Former name(s) ● UK Country/State of residence ● Date of birth Please tick this box if you are consenting to act as a designated member. B2 Member's service address ● Please complete the service address in Section B4. Building name/number ② Please complete the service address in Section B4. Building name/number ② BUCKINGHAM GATE BUCKINGHAM GATE Post town LONDON LONDON Post town LONDON LONDON LONDON Provide yellow provide yello	mber appointments, section C1-C5	
Full forename(s) JOHN VIVIAN Surname NAUNTON DAVIES Former name(s) Country/State of residence Date of birth Designated member Please tick this box if you are consenting to act as a designated member. Please tick this box if you are consenting to act as a designated member. Please complete the service address Please complete the service address below. You must also fill in the member's usual residential address in Section B4. Building name/number Building name/number Building name/number Building name/number Building name/number County/Region LONDON County/Region NAUNTON DAVIES Post town Country/State This is the address on the public re have to be your address. Please state The Office' if your se be recorded in the member's participal state of the public residence of the public residence of the public residence of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the member's participal state of the public resorted in the pu	_	
Former name(s) Please provide a which have been purposes in the Maried women former names us for business pur of business pur		
Former name(s) Country/State of residence Date of birth	ny previous names	
Country/State of residence Date of birth	used for business ast 20 years.	
Date of birth	do not need to give less previously used loses.	
Date of birth Designated member Please tick this box if you are consenting to act as a designated member. Please tick this box if you are consenting to act as a designated member. Building name/number Please complete the service address below. You must also fill in the member's usual residential address in Section B4. Building name/number Buckingham gate Post town London London County/Region London S W 1 E 6 L S Section 84. Designated member. Additional applif you wish to a members appointments of the public residence on the public resid	Ocuntry/State of residence This is in respect of your usual residential address as stated in	
Please tick this box if you are consenting to act as a designated member. Please tick this box if you are consenting to act as a designated member. Additional applif you wish to a members, please appointments' of susual residential address in Section B4. Building name/number Please complete the service address below. You must also fill in the member's usual residential address in Section B4. Building name/number Street BUCKINGHAM GATE Post town LONDON LONDON County/Region LONDON S W 1 E 6 L S There must be a designated member. Additional applif you wish to a members' please appointments' of the public resorded in the pub		
B2 Member's service address Please complete the service address below. You must also fill in the member's usual residential address in Section B4. Building name/number 21 Street BUCKINGHAM GATE Post town LONDON County/Region LONDON Postcode S W 1 E 6 L S	Designated member There must be at least two designated members at all times.	
Please complete the service address below. You must also fill in the member's usual residential address in Section B4. Building name/number 21 Street BUCKINGHAM GATE Post town LONDON County/Region LONDON Postcode S W 1 E 6 L S PService addres This is the addres on the public rehave to be your address. Please state 'This is the addres on the public rehave to be your address. Please state 'This is the addres on the public rehave to be your address. Please state 'This is the addres on the public recorded in the member's particular to the public recorded in the public record.		
usual residential address in Section B4. Building name/number 21 Street BUCKINGHAM GATE Post town LONDON County/Region LONDON Postcode S W 1 E 6 L S This is the addres on the public rehave to be your address. Please state 'The Office' if your set be recorded in the members' particular registered office address here it is public record.		
Building name/number 21 Street BUCKINGHAM GATE Post town LONDON County/Region LONDON Postcode S W 1 E 6 L S have to be your address. Please state 'The Office' if your se be recorded in the members' particular registered office address here it public record.	ss that will appear	
Street BUCKINGHAM GATE Please state 'The Office' if your see be recorded in to members' particular registered office. County/Region LONDON Postcode S W 1 E 6 L S Please state 'The Office' if your see be recorded in to members' particular registered office. If you provide you address here it to public record.		
Post town LONDON Equipment of the public records. County/Region LONDON Postcode S W 1 E 6 L S Office' if your set be recorded in to members' particular registered office registered office address here it public record.	LLP's Registered	
Post town LONDON members' partic registered office strength of the public record. County/Region LONDON Postcode S W 1 E 6 L S members' partic registered office strength or provide years address here it public record.	rvice address will	
County/Region LONDON Postcode S W 1 E 6 L S If you provide year address here it is public record.	ulars as the LLP's	
Postcode S W 1 E 6 L S address here it is public record.		
•	vill appear on the	
Country		
B3 Signature [©]		
I consent to act as member of the proposed LLP named in Section A1. OSignature The person part		
Signature Signature X TV Nammon Same LLP.	ed above consents	

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

B1	Member appointments •		
- -	Please use this section to list all the member appointments taken on formation. For a corporate member, complete Section C1-C5.	• Appointments For corporate member appointments, please complete section C1-C5	
Title*	MR	instead of Section B.	
Full forename(s)	EDWARD ROLAND HASLEWOOD	• Former name(s) Please provide any previous names	
Surname	PERKS	which have been used for business purposes in the last 20 years.	
Former name(s)		Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence •	uk	● Country/State of residence This is in respect of your usual residential address as stated in	
Date of birth	1 4 0 3 11 9 5 8	section B4.	
Designated member •	Please tick this box if you are consenting to act as a designated member.	O Designated Member There must be at least two designated members at all times.	
B2	Member's service address • Please complete the service address below. You must also fill in the member's	Service address This is the address that will appear	
	usual residential address in Section B4.	This is the address that will appear on the public record. This does not	
Building name/number	21	have to be your usual residential address.	
Street	BUCKINGHAM GATE	Please state 'The LLP's Registered	
		Office' if your service address will be recorded in the LLP's register of	
Post town	LONDON	members' particulars as the LLP's registered office.	
County/Region	LONDON	If you provide your residential	
Postcode	S W 1 E 6 L S	address here it will appear on the public record.	
Country	UK		
B3	Signature [©]		
	I consent to act as member of the proposed LLP named in Section A1.	© Signature The person named above consents	
Signature	Signature X TOWWOOD X	to act as member of the proposed	

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

B1	Member appointments •		
	Please use this section to list all the member appointments taken on formation. For a corporate member, complete Section C1-C5.	◆ Appointments For corporate member appointments, please complete section C1-C5	
litle*	MR	instead of Section B.	
Full forename(s)	WILLIAM LAWRENCE GREENWELL	Please provide any previous names	
Surname	SWAN	which have been used for business purposes in the last 20 years.	
Former name(s) •		Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence •	UK	● Country/State of residence This is in respect of your usual residential address as stated in	
Date of birth	⁶ 2 ⁶ 3 ⁶ 1 ⁷ 1 ⁷ 1 ⁷ 9 ⁷ 6 ⁷ 3	section B4.	
Designated member ©	Please tick this box if you are consenting to act as a designated member.	O Designated Member There must be at least two designated members at all times.	
B2	Member's service address ©		
B2		•	
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4 .	Service address This is the address that will appear on the public record. This does not	
Building name/number	21	have to be your usual residential address.	
Street	BUCKINGHAM GATE	Please state 'The LLP's Registered	
		Office' if your service address will be recorded in the LLP's register of	
Post town	LONDON	members' particulars as the LLP's registered office.	
County/Region	LONDON	If you provide your residential	
Postcode	S W 1 E 6 L S	address here it will appear on the public record.	
Country	UK		
В3	Signature [©]		
	I consent to act as member of the proposed LLP named in Section A1.	G Signature The person named above consents	
Signature	Signature	to act as member of the proposed LLP.	
	X letter >	(

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

B1	Member appointments •		
	Please use this section to list all the member appointments taken on formation. For a corporate member, complete Section C1-C5.	◆ Appointments For corporate member appointments, please complete section C1-C5	
Title*	MRS	instead of Section B.	
Full forename(s)	MARY FELICITY	Please provide any previous names	
Surname	BLACK	which have been used for business purposes in the last 20 years.	
Former name(s) •	HANCOCK	Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence ©	UK	● Country/State of residence This is in respect of your usual residential address as stated in	
Date of birth	^d 2 ^d 3 ^m 0 ^m 3 ^y 1 ^y 9 ^y 7 ^y 1	section B4.	
Designated member ©	Please tick this box if you are consenting to act as a designated member.	O Designated Member There must be at least two designated members at all times.	
B2	Member's service address Please complete the service address below. You must also fill in the member's usual residential address in Section B4.	Service address This is the address that will appear	
Building name/number		on the public record. This does not have to be your usual residential	
Street	BUCKINGHAM GATE	address.	
Sueet	BOCKING IAM GATE	Please state 'The LLP's Registered Office' if your service address will	
Post town	LONDON	be recorded in the LLP's register of members' particulars as the LLP's	
		registered office.	
County/Region	S W 1 E 6 L S	If you provide your residential address here it will appear on the	
Postcode		public record.	
Country	UK		
В3	Signature 6		
	I consent to act as member of the proposed LLP named in Section A1.	Signature The person named above consents	
Signature	Signature X	to act as member of the propose LLP.	

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

B1	Member appointments •		
	Please use this section to list all the member appointments taken on formation. For a corporate member, complete Section C1-C5.	◆ Appointments For corporate member appointments, please complete section C1-C5 instead of Section B.	
Title*	MR	Prormer name(s)	
Full forename(s)	SIMON JONATHAN	Please provide any previous names which have been used for business	
Surname	ATKINSON	purposes in the last 20 years.	
Former name(s)		Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence €	UK	Ocuntry/State of residence This is in respect of your usual residential address as stated in	
Date of birth	^d 1 ^d 3	section B4.	
Designated member ©	Please tick this box if you are consenting to act as a designated member.	O Designated Member There must be at least two designated members at all times.	
B2	Member's service address [©]		
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4 .	Service address This is the address that will appear on the public record. This does not	
Building name/number	usual residential address in Section B4.	This is the address that will appear	
Building name/number Street	usual residential address in Section B4.	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will	
	usual residential address in Section B4. 21	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's	
Street	usual residential address in Section B4. 21 BUCKINGHAM GATE	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.	
Street Post town	usual residential address in Section B4. 21 BUCKINGHAM GATE LONDON	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's	
Post town County/Region	usual residential address in Section B4. 21 BUCKINGHAM GATE LONDON LONDON	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office. If you provide your residential address here it will appear on the	
Post town County/Region Postcode	usual residential address in Section B4. 21 BUCKINGHAM GATE LONDON LONDON S W 1 E 6 L S	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office. If you provide your residential address here it will appear on the	
Post town County/Region Postcode Country	usual residential address in Section B4. 21 BUCKINGHAM GATE LONDON LONDON S W 1 E 6 L S UK	This is the address that will appear on the public record. This does not have to be your usual residential address. Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office. If you provide your residential address here it will appear on the	

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

B1	Member appointments •		
	Please use this section to list all the member appointments taken on formation. For a corporate member, complete Section C1-C5.	• Appointments For corporate member appointments, please complete section C1-C5	
Title*	MRS	instead of Section B.	
Full forename(s)	VICTORIA MARY SOPHIA	Please provide any previous names	
Surname	GOODLAD	which have been used for business purposes in the last 20 years.	
Former name(s) ©	MANISTY	Married women do not need to give former names unless previously used for business purposes.	
Country/State of residence ©	UK d 1 d 8	Ocuntry/State of residence This is in respect of your usual residential address as stated in section B4.	
Designated member ©	Please tick this box if you are consenting to act as a designated member.	② Designated Member There must be at least two designated members at all times.	
B2	Member's service address ©		
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4 .	Service address This is the address that will appear on the public record. This does not	
Building name/number	21	have to be your usual residential address.	
Street	BUCKINGHAM GATE	Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of	
Post town	LONDON	members' particulars as the LLP's registered office.	
County/Region	UK	If you provide your residential	
Postcode	S W 1 E 6 L S	address here it will appear on the public record.	
Country	UK		
B3	Signature [©]		
	I consent to act as member of the proposed LLP named in Section A1.	Signature The person named above consents	
Signature	X Q or d	to act as member of the propose	

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 3	Signature	
	I certify that I am a	
	- Solicitor engaged in the formation of this LLP - Member named of this LLP	
	and that two or more persons named in this form are associated for carrying on lawful business with a view to profit.	
	I am signing this form on behalf of the LLP	
Signature	X X X X X X X X X X X X X X X X X X X	

Application for the incorporation of a Limited Liability Partnership (LLP)

Presenter information
You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.
Contact name MRS VICTORIA GOODLAD
COMPANY NAME CURREY & CO
Address 21 BUCKINGHAM GATE
Post town LONDON
County/Region LONDON
Postcode S W 1 E 6 L S
Country UK
DX 2300 VICTORIA 1
Telephane 020 7802 2704
✓ Certificate
We will send your certificate to the presenters address (shown above) or if indicated to another address shown below: At the registered office address (Given in Section A4). Checklist
We may return forms completed incorrectly or
with information missing.
Please make sure you have remembered the following: ☐ You have checked that the proposed LLP name is available and the various rules that may affect your choice of name. More information can be found in guidance on our website. ☐ If the name of the company is the same as one already on the register as permitted by The Company and Business Names (Miscellaneous Provisions) Regulations 2008, please attach consent. ☐ You have used the correct appointment section. ☐ Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
 There are at least two designated members. The document has been signed, where indicated.

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.

E How to pay

A fee of £20 is payable to Companies House to incorporate an LLP

Make cheques or postal orders payable to 'Companies House.'

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For LLPs registered in England and Wales: The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

For LLPs registered in Scotland:

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

For LLPs registered in Northern Ireland:

The Registrar of Companies, Companies House, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS. DX 481 N.R. Belfast 1.

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:

The Registrar of Companies, PO Box 4082,

Cardiff, CF14 3WE.

Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

☐ All relevant attachments have been included.

You have enclosed the correct fee.



FILE COPY

CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC352105

The Registrar of Companies for England and Wales hereby certifies that

CURREY & COLLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited and the situation of the registered office is in England/Wales.

Given at Companies House on 6th February 2010.



