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

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

X What this fo You cannot i incorporate please use f register a cc

For further information, please se gov uk

Part 1 **LLP** details

02/09/2010 **COMPANIES HOUSE**

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

All fields are mandatory unless

| | | specified or indicated by * | |
|---------------------------------------|---|---|--|
| A1 | LLP details | | |
| | Please show the proposed LLP name below | Duplicate names Duplicate names are not permitted | |
| LLP name in full ¹⁰ | LACORD VENTURES LLP | Name ending You must delete either LLP or Limited Liability Partnership If the LLP is situated in Wales and you chose to have a Welsh ending (PAC or Partneriaeth Atebolrwydd Cyfyngedig) please use form LL IN01c | |
| Name ending 9 For official use | LLP/ Limited Liability Partnership | | |
| A2 | LLP name restrictions o | · | |
| | 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 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 | ● LLP name restrictions A list of sensitive or restricted words or expressions that require consent can be found in guidance available 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 | Registered office Every LLP must have a registered office and this is the address to which the Registrar will send correspondence 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 | |

LL INO1
Application for the incorporation of a Limited Liability Partnership (LLP)

| A4 | Registered office address • | | |
|----------------------|---|--|--|
| | Please give the registered office address of your LLP | • Registered office address You must ensure that the address | |
| Building name/number | Cornwall Buildings | shown in this section is consistent | |
| Street | 45-51 Newhall Street | with the situation indicated in section A3 | |
| | Office 330 | You must provide an address in England or Wales for LLPs to be | |
| Post town | Birmingham | registered in England and Wales | |
| County/Region | | You must provide an address in Wales, Scotland or Northern Irelani | |
| Postcode | B 3 3 Q R | for LLPs to be registered in Wales, Scotland or Northern Ireland respectively | |
| A5 | Members' designation | | |
| | Will all members from time to time be designated members? ✓ Yes No | Members' designation If 'Yes' all members named will be designated If 'No' at least two members named must be designated | |

LL INO1
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. | | |
| Member | - | | |
| 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* | | instead of section B Former name(s) | |
| Full forename(s) | | Please provide any previous names | |
| Surname | | which have been used for business purposes in the last 20 years Married women do not need to give | |
| Former name(s) ② | | former names unless previously used for business purposes | |
| Country/State of residence • | | ● Country/State of residence This is in respect of your usual residential address as stated in | |
| Date of birth | d d m m y y y | Section B4 | |
| Designated member • | Please tick this box if you are consenting to act as a designated member | 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 | |
| Building name/number | | on the public record This does not have to be your usual residential | |
| Street | | address Please state 'The LLP's Registered | |
| | | Office' if your service address will | |
| Post town | | be recorded in the LLP's register of members' particulars as the LLP's | |
| County/Region | | registered office | |
| Postcode | | If you provide your residential address here it will appear on the | |
| Country | | public record | |
| | | | |
| B3 | Signature o | | |
| _ | I consent to act as member of the proposed LLP named in Section A1 | OSignature The person named above consents | |
| Signature | X X | to act as member of the | |
| | | | |

LL IN01
Application for the incorporation of a Limited Liability Partnership (LLP)

Member

| 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 | |
| | | ● Former name(s) | |
| Full forename(s) | | Please provide any previous names which have been used for business | |
| Surname Former name(s) ® | | purposes in the last 20 years Married women do not need to give former names unless previously used for business purposes | |
| Country/State of residence • | | © Country/State of residence This is in respect of your usual residential address as stated in | |
| Date of birth | | section B4 | |
| Designated member 9 | 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 👂 | <u> </u> | |
| | 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 address | |
| Street | | Please state 'The LLP's Registered Office' if your service address will | |
| Post town | | be recorded in the LLP's register of members' particulars as the LLP's | |
| County/Region | | registered office | |
| Postcode | | If you provide your residential address here it will appear on the | |
| Country | | public record | |
| B3 | Signature O | | |
| | I consent to act as member of the proposed LLP named in Section A1 | O Signature | |
| Signature | Signature X | The person named above consents to act as member of the proposed LLP | |
| | | | |

LL IN01
Application for the incorporation of a Limited Liability Partnership (LLP)

| corporate mem | | | |
|---|---|--|--|
| C1 | Corporate member appointments | | |
| | Please use this section to list all the corporate members of the LLP | • Registered or principal address This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or | |
| Name of corporate body or firm | PINTOX SYSTEMS LIMITED | | |
| Building name/number | | | |
| Street | Ajeltake Road, Ajeltake Island | LP (Legal post in Scotland) number | |
| | Trust Company Complex | ② Designated member There must be at least two | |
| Post town | Majuro | designated members at all times. | |
| County/Region | | Additional appointments If you wish to appoint more than one | |
| Postcode | M H 9 6 9 6 0 | corporate member, please use the 'Corporate member appointments' | |
| Country | Marshall Islands | continuation page | |
| Designated member 9 | Please tick this box if you are consenting to act as a designated member | | |
| C2 | Location of the registry of the corporate body or firm | <u> </u> | |
| | Is the corporate director registered within the European Economic Area (EEA)? → Yes Complete Section C3 only → No Complete Section C4 only | | |
| C3 | EEA companies € | | |
| | Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register | ● EEA A full list of countries of the EEA can be found in our guidance | |
| Where the company/ firm is registered • | | www.companieshouse.gov.uk | |
| Registration number | | ● This is the register mentioned in Article 3 of the First Company Law Directive (68/151/EEC) | |
| C4 | Non-EEA companies | | |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | Non-EEA Where you have provided details of the register (including state) where the company or firm is countered. | |
| Legal form of the corporate body or firm | Limited company | the company or firm is registered, you must also provide its number in that register | |
| Governing law | Marshall Islands Business Corporations Act | | |
| If applicable, where the company/firm is registered © | Office of the Registrar of Corporations, Marshall Islands | | |
| If applicable, the registration number | 24797 | | |
| C 5 | Signature o | | |
| | I consent to act as member of the proposed LLP named in Section A1 | O Signature The person named above consents | |
| Signature | X Musu X | to act as corporate member of the proposed LLP | |
| *************************************** | | CHFP000 10/09 Version 2 1 | |



FILE COPY

CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC357708

The Registrar of Companies for England and Wales hereby certifies that

LACORD VENTURES LLP

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 7th September 2010.





LL IN01

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

Corporate member

| C1 | Corporate member appointments® | | |
|---|---|--|--|
| | Please use this section to list all the corporate members of the LLP | • Registered or principal address | |
| Name of corporate body or firm | SYTEN GROUP LIMITED | This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or | |
| Building name/number | | | |
| Street | Ajeltake Road, Ajeltake Island | LP (Legal post in Scotland) number | |
| | Trust Company Complex | ② Designated member There must be at least two | |
| Post town | Majuro | designated members at all times. | |
| County/Region | | Additional appointments If you wish to appoint more than one | |
| Postcode | M H 9 6 9 6 0 | corporate member, please use the 'Corporate member appointments' | |
| Country | Marshall Islands | continuation page | |
| Designated member @ | Please tick this box if you are consenting to act as a designated member | | |
| C2 | Location of the registry of the corporate body or firm | | |
| _ | Is the corporate director registered within the European Economic Area (EEA)? → Yes Complete Section C3 only → No Complete Section C4 only | | |
| C3 | EEA companies | | |
| Where the company/ | Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register | ● EEA A full list of countries of the EEA can be found in our guidance | |
| firm is registered • | | www.companieshouse.gov.uk This is the register mentioned in | |
| Registration number | | Article 3 of the First Company Law Directive (68/151/EEC) | |
| C4 | Non-EEA companies | The state of the s | |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | Non-EEA Where you have provided details of the register (including state) where the company or firm is registered, | |
| Legal form of the corporate body or firm | Limited company | you must also provide its number in that register | |
| Governing law | Marshall Islands Business Corporations Act | | |
| If applicable, where the company/firm is registered 9 | Office of the Registrar of Corporations, Marshall Islands | | |
| If applicable, the registration number | 24795 | | |
| C5 | Signature o | | |
| | I consent to act as member of the proposed LLP named in Section A1 | O Signature The person named above consents | |
| Signature | X X | to act as corporate member of the proposed LLP | |

LL IN01

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 | Signature X |
| | |

LL IN01

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

| Presenter information | Impo |
|--|--|
| 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. | Please not will appea informatio addresses |
| Contact name | £ How |
| Company name | now |
| Address | A fee of £ |
| | Make cheque |
| | ⊠ Wher |
| Post lown | You may re |
| County/Region Postcode Post | address, h |
| rostode | For LLPs re |
| Country | The Registr |
| DX | Crown Way DX 33050 (|
| Telephone | For LLPs re |
| ✓ Certificate | The Registr |
| | Fourth floor |
| We will send your certificate to the presenters address (shown above) or if indicated to another address | DX ED235 I |
| shown below | or LP - 4 Ed |
| At the registered office address (Given in Section A4) | For LLPs re |
| ✓ Checklist | The Registr |
| We may return forms completed incorrectly or | Belfast, No |
| with information missing | DX 481 N R |
| Please make sure you have remembered the | Section 24 |
| following | If you are a |
| ☐ You have checked that the proposed LLP name is | 243 exemp |
| available and the various rules that may affect your | different po The Registr |
| choice of name More information can be found in guidance on our website | Cardiff, CF1 |
| If the name of the company is the same as one | |
| already on the register as permitted by The | |
| Company and Business Names (Miscellaneous | 7 Furth |
| Provisions) Regulations 2008, please attach consent | For further |
| ☐ You have used the correct appointment section | on the web |
| ☐ Any addresses given must be a physical location | or email en |
| They cannot be a PO Box number (unless part | - 1 · · · |
| of a full service address), DX or LP (Legal Post in | This for |
| Scotland) number There are at least two designated members | alterna |

rtant information

te that all information on this form or on the public record, apart from on relating to usual residential

to pay

20 is payable to Companies House to

ues or postal orders payable to 'Companies

re to send

eturn this form to any Companies House owever for expediency we advise you to o the appropriate address below

egistered in England and Wales ar of Companies, Companies House, , Cardiff, Wales, CF14 3UZ Cardiff

egistered in Scotland

ar of Companies, Companies House, r, Edinburgh Quay 2, inbridge, Edinburgh, Scotland, EH3 9FF Edinburah 1 linburgh 2 (Legal Post)

egistered in Northern Ireland

rar of Companies, Companies House, or, The Linenhall, 32-38 Linenhall Street, rthern Ireland, BT2 8BG Belfast 1

43 exemption

applying for, or have been granted a section otion, please post this whole form to the ostal address below rar of Companies, PO Box 4082, 4 3WE

er information

information, please see the guidance notes osite at www.companieshouse.gov.uk iquiries@companieshouse gov uk

rm is avaılable in an tive format. Please visit the forms page on the website at www.companieshouse.gov.uk

 $\ \square$ The document has been signed, where indicated

☐ All relevant attachments have been included

☐ You have enclosed the correct fee