

# File Copy



## CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC399719

The Registrar of Companies for England and Wales, hereby certifies that

GHOST ROCK LLP

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

Given at Companies House, Cardiff, on 5th May 2015



\*NOC399719P\*

The above information was communicated by electronic means and authenticated by the Registrar of Companies under section 1115 of the Companies Act 2006



Companies House



THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES



Companies House

# LLIN01(ef)

## Application to register an LLP

*Received for filing in Electronic Format on the: 01/05/2015*



X46H4X9T

*LLP Name  
in full:*

**GHOST ROCK LLP**

*Situation of Registered  
Office:*

**England and Wales**

*Proposed Register  
Office Address:*

**71-75 SHELTON STREET  
COVENT GARDEN  
LONDON  
ENGLAND  
WC2H 9JQ**

**All members will from time to time be designated members**

## Proposed Officers

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*LLP Member*                      ***I***

*Type:*                                      **Person**

*Full forename(s):*                      **NEIL**

*Surname:*                                **MCILVRIDE**

*Former names:*

*Country / State of residence:* **UNITED KINGDOM**

*Date of Birth:*                            **14/05/1988**

*Service Address:*                      **FLAT 2/3 21 BOYD STREET  
GLASGOW  
UNITED KINGDOM  
G42 8AF**

**Appointment is for a Designated Member**

*Consented to Act:* **Y**                      *Date authorised:* **05/05/2015**                      *Authenticated:* **YES**

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*LLP Member*                    **2**  
*Type:*                            **Person**  
*Full forename(s):*            **EUAN**

*Surname:*                      **MCILVRIDE**

*Former names:*

*Country / State of residence:* **UNITED KINGDOM**

*Date of Birth:*                **20/03/1960**

*Service Address:*            **FLAT 2/3 21 BOYD STREET  
GLASGOW  
UNITED KINGDOM  
G42 8AF**

**Appointment is for a Designated Member**

*Consented to Act:* **Y**                    *Date authorised:* **05/05/2015**                    *Authenticated:* **YES**

## *Authorisation*

*I certify that two or more persons named in this form are associated for carrying on lawful business with a view to profit.*

*Authoriser Designation:* **member**

*Authenticated:* **YES**

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