

FILE COPY



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

Partnership No. **OC415244**

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

AMTT 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 and Wales

Given at Companies House, Cardiff, on **28th December 2016**



* NOC4152447 *



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:***27/12/2016**

X5MQBU4Z

<i>LLP name in full:</i>	AMTT LLP
<i>Company Type:</i>	Limited Liability Partnership
<i>Situation of Registered Office:</i>	England and Wales
<i>Proposed Registered Office Address:</i>	9 MARSHALSEA ROAD LONDON ENGLAND SE1 1EP

At least two members named must be designated

LLP Members

Type: **Person**

Full Forename(s): **MS ANGELA CATHERINE ANNE**

Surname: **AUSTIN**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1958**

Service Address: **9 MARSHALSEA ROAD
LONDON
UNITED KINGDOM SE1 1EP**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR MICHAEL LAWRENCE**

Surname: **KELLY**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1955**

Service Address: **19 CALTHORPE ROAD
BIRMINGHAM
UNITED KINGDOM B15 1RP**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR THOMAS ANDREW LEE**

Surname: **FOWLER**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1967**

Service Address: **9 MARSHALSEA ROAD
LONDON
UNITED KINGDOM SE1 1EP**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Type: **Person**

Full Forename(s): **MR THOMAS ANTHONY**

Surname: **SMAILES**

Former Names:

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1967**

Service Address: **19 CALTHORPE ROAD
BIRMINGHAM
UNITED KINGDOM B15 1RP**

Appointment is for a Designated Member

The members confirm that the person named has consented to act as a designated member

Persons with Significant Control (PSC)

Statement of initial significant control

On incorporation, there will be someone who will count as a Person with Significant Control (either a registerable person or relevant legal entity (RLE)) in relation to the LLP

Individual Person with Significant Control details

Names: **MS ANGELA CATHERINE ANNE AUSTIN**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/05/1958** *Nationality:* **BRITISH**

Service Address: **9 MARSHALSEA ROAD
LONDON
UNITED KINGDOM
SE1 1EP**

The subscribers confirm that each person named as an individual PSC in this application knows that their particulars are being supplied as part of this application.

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR MICHAEL LAWRENCE KELLY**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/07/1955** *Nationality:* **BRITISH**

Service Address: **19 CALTHORPE ROAD
BIRMINGHAM
UNITED KINGDOM
B15 1RP**

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Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR THOMAS ANDREW LEE FOWLER**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/07/1967** *Nationality:* **BRITISH**

Service Address: **9 MARSHALSEA ROAD
LONDON
UNITED KINGDOM
SE1 1EP**

The subscribers confirm that each person named as an individual PSC in this application knows that their particulars are being supplied as part of this application.

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Individual Person with Significant Control details

Names: **MR THOMAS ANTHONY SMAILES**

*Country/State Usually
Resident:* **ENGLAND**

Date of Birth: ****/08/1967** *Nationality:* **BRITISH**

Service Address: **19 CALTHORPE ROAD
BIRMINGHAM
UNITED KINGDOM
B15 1RP**

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Nature of control

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Statement of Compliance

I confirm the requirements of the Companies Act 2006 as to registration have been complied with.

Authorisation

Authoriser Designation: **member**

Authenticated **YES**
