

FILE COPY



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

Partnership No. **OC418680**

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

**TOTAL SEALANT SERVICES 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 **21st August 2017**



\* NOC418680E \*



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:***18/08/2017**

*X6D3VGL5*

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<i>LLP name in full:</i>	<b>TOTAL SEALANT SERVICES LLP</b>
<i>Company Type:</i>	<b>Limited Liability Partnership</b>
<i>Situation of Registered Office:</i>	<b>England and Wales</b>
<i>Proposed Registered Office Address:</i>	<b>ROOM 3, FOREMOST HOUSE RADFORD WAY BILLERICAY ESSEX UNITED KINGDOM CM12 0BT</b>

*At least two members named must be designated*

## ***LLP Members***

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*Type:* **Person**

*Full Forename(s):* **MR STEVEN**

*Surname:* **FLETCHER**

*Former Names:*

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **\*\*/07/1980**

*Service Address:* **ROOM 3, FOREMOST HOUSE RADFORD WAY  
BILLERICAY  
ESSEX  
UNITED KINGDOM CM12 0BT**

Appointment is for a Designated Member

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

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*Type:* **Person**

*Full Forename(s):* **MRS ASHLEE LOUISE**

*Surname:* **JOHNSON**

*Former Names:*

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **\*\*/12/1985**

*Service Address:* **ROOM 3, FOREMOST HOUSE RADFORD WAY  
BILLERICAY  
ESSEX  
UNITED KINGDOM CM12 0BT**

Appointment is for a Designated Member

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

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*Type:* **Person**

*Full Forename(s):* **MR SCOTT**

*Surname:* **JOHNSON**

*Former Names:*

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **\*\*/04/1981**

*Service Address:* **ROOM 3, FOREMOST HOUSE RADFORD WAY  
BILLERICAY  
ESSEX  
UNITED KINGDOM CM12 0BT**

Appointment is for a Designated Member

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

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*Type:* **Person**

*Full Forename(s):* **BREE**

*Surname:* **READ**

*Former Names:*

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **\*\*/01/1983**

*Service Address:* **ROOM 3, FOREMOST HOUSE RADFORD WAY  
BILLERICAY  
ESSEX  
UNITED KINGDOM CM12 0BT**

Appointment is for a Designated Member

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

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## ***Persons with Significant Control (PSC)***

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**Statement of no PSC**

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**The limited liability partnership knows or has reason to believe that there will be no registerable Person with Significant Control or Relevant Legal Entity (RLE) in relation to the LLP**

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## ***Statement of Compliance***

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

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## ***Authorisation***

*Authoriser Designation:*    **member**

*Authenticated*    **YES**

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