

FILE COPY



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

Partnership No. **OC422239**

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

**ELMINGTON 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 **27th April 2018**



\* NOC4222399 \*



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: 27/04/2018*

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<i>LLP name in full:</i>	<b>ELMINGTON 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>THE OLD VICARAGE SAINT MARYS ROAD MIDDLEGREEN SLOUGH UNITED KINGDOM SL3 6BZ</b>

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

## ***LLP Members***

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*Type:* **Person**

*Full Forename(s):* **MRS REENA**

*Surname:* **ANAND**

*Former Names:*

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

*Date of Birth:* **\*\*/07/1985**

*Service Address:* **THE OLD VICARAGE SAINT MARYS ROAD  
MIDDLEGREEN  
SLOUGH  
UNITED KINGDOM SL3 6BZ**

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 SUNILA**

*Surname:* **NANDA**

*Former Names:*

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

*Date of Birth:* **\*\*/10/1957**

*Service Address:* **THE OLD VICARAGE SAINT MARYS ROAD  
MIDDLEGREEN  
SLOUGH  
UNITED KINGDOM SL3 6BZ**

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 SHILPE**

*Surname:* **NANDA ROY**

*Former Names:*

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

*Date of Birth:* **\*\*/10/1979**

*Service Address:* **THE OLD VICARAGE SAINT MARYS ROAD  
MIDDLEGREEN  
SLOUGH  
UNITED KINGDOM SL3 6BZ**

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 RAHUL**

*Surname:* **NANDA**

*Former Names:*

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

*Date of Birth:* **\*\*/09/1953**

*Service Address:* **THE OLD VICARAGE SAINT MARYS ROAD  
MIDDLEGREEN  
SLOUGH  
UNITED KINGDOM SL3 6BZ**

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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