

Companies House

for the record -

Please complete in typescript, or in bold black capitals.

COMPANIES HOUSE FEE PAID EDINBURGH##

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

CHFP000	Elability i dittlership		
Please leave this box blank	S0300447		
Full Name of Limited Liability Partnership	TRADUAIR EDWARDS LIMITED LIABILITY PARTNERSHIP		
Situation of Registered Office	Scorland Insert "England and Wales", "Wales" or "Scotland"		
PO Box number Pegistered Office Address Address	9 CLAIRMONT GARDENS GLASGOW		
Post town	GLASEOW		
County / Region	STRATHCLYDE DOSTCOOLE G3 76W		
Will all Members from time to time be designated members? (List members overleaf)	YES If no, at least two of the listed members must be designated members		
Number of continuation sheets attached to this application for incorporation	f certify that I am a: (Please tick appropriate box) Solicitor engaged in the formation of this LLP Member named overleaf of the LLP And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit.		
Signed	Date 30-8-α,		
Please give the name, address, elephone number and e-mail address at available) of the person companies House should contact if there is any query. (DX addresses are	CLASGOW GASGOW Tel OLLI-331-4000 E-mail When you have completed and signed the form please send it to the Registrar of Companies at:		
COMPANIES HOUSE 13/09/04	Companies House Crown Way Cardiff CE14 2U7 DV 22050 Cardiff		

for partnerships registered in England and Wales

for partnerships registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX ED235 Edinburgh

Form April 2001

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COMPANIES HOUSE

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08/09/04

List of Member	rs on Incorporation			
Peers or others known by a title i		SINGLETON		
use the title instead of or in addition to their name		ANDREW DOVELAS		
	Member Reference Number * (as advised by Companies House)	Date of Day Month Year Birth 30 L/ /95)		
* Voluntary information	Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm)			
٠.	Post town	ALLOWAY		
	County / Region	AYRSHIRE Postcode LA7 44P		
	Country	SCOTLAND		
		I consent to act as a member of the limited liability partnership named on page 1." (Please tick this box if consenting to act as a designated member)		
	Signed			
Peers or others	Colporate Harrie			
known by a title may use the title instead of or in addition to their name	tead Forename(s)	BOBEL VICTORIA		
* Voluntary information Us	Member Reference Number * (as advised by Companies House)			
	Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm)	5 BARNFORD CRESCENT		
	Post town	ALOWAY		
±et°.	County / Region	AYRSMIRE DOSTCODE WAT GUP		
	Country	SCOT AND		
i.		I consent to act as a member of the limited liability partnership named on page 1		
		(Please tick this box if consenting to act as a designated member)		
	Signed	Member to sign and date) Date 25 Aug 52		

NOTE: Unless there are at least two designated members, all members will be designated members.

CHWP000

LLP2 cont

Full Name of Limited		TRAQUAIR .	EDWARD	
	Liability Partnership	LIMITED LIABILITY	PARTNERSHIP	
List of Members	on Incorporation	T		
Peers or others known by a title me	•	GIBSON		
use the title instead of or in addition to Forename their name	Forename(s)	AUASTAIR MAC NAVENTIAN		
Me	mber Reference Number * (as advised by Companies House)	Date o		
†† Tick this box if the address shown	sual Residential Address †† (or registered or principal office address in the case of a corporation or Scottish firm)	56 GLENORCHIL VII	EW	
is a service address for the beneficiary of a	Post town	AUCHTERARDER		
Confidentiality Order granted under the	County / Region		UK PH3 ILU	
provisions of section 723B of the Companies Act	Country	SCOTLAND		
1 consent to act as a member of the limited liability partnersh * Voluntary information (Please tick this box if consenting to act as a designated member)				
	Signed	(Member to fign and date)	Date 25 Aug 04	
Peers or others known by a title ma use the title instead		(momoda grigir and date)		
of or in addition to their name	Forename(s)		.r Day Month Year	
Me	mber Reference Number * (as advised by Companies House)	Date o Birth	, , , , , , , , , , , , , , , , , , , ,	
Us †† Tick this box if the address shown is a service	sual Residential Address ^{††} (or registered or principal office address in the case of a corporation or Scottish firm)			
address for the beneficiary of a Confidentiality	Post town			
Order granted under the provisions of	County / Region		UK stcode	
section 723B of the Companies Act 1985	Country			
* Voluntary information		I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member)		
	Signed	(Mambar to sign and data)	ate	
		Incomments sign and datal		

Form April 2002

NOTE: Unless there are at least two designated members, all members will be designated members.

List of Members on Incorporation Peers or others Surname or Corporate name known by a title may use the title instead of or in addition to Forename(s) their name Day Month Year Date of Member Reference Number (as advised by Companies Birth House) Usual Residential Address ⁺⁺ (or registered or principal office ^{††} Tick this box if address in the case of a the address shown corporation or Scottish firm) is a service address for the Post town beneficiary of a Confidentiality UK County / Region Order granted under the Postcode provisions of section 723B of Country the Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary (Please tick this box if consenting to act as a designated member) information Signed **Date** (Member to sign and date) Surname or Corporate name Peers or others known by a title may Forename(s) use the title instead of or in addition to their name Member Reference Number * (as advised by Companies House) Day Month Year Date of Birth Usual Residential Address ** (or registered or principal office †† Tick this box if address in the case of a the address shown corporation or Scottish firm) is a service address for the Post town beneficiary of a Confidentiality Order granted County / Region UK under the Postcode provisions of section 723B of Country the Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary (Please tick this box if consenting to act as a designated member) information

Signed

(Member to sign and date)

Date

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. SO300447

The Registrar of Companies for Scotland hereby certifies that

TRAQUAIR EDWARDS LIMITED LIABILITY PARTNERSHIP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Edinburgh the 14 September 2004



