

Please complete in typescript, or in bold black capitals.

(Section 2 LLP Act 2000) Application for Incorporation of a Limited Liability Partnership

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Please leave this box blank	S0300737
Full Name of Limited Liability Partnership	
Situation of Registere Offic	RECOUNT AND
Registered Offic Addres	j
Post tow	n GLASGOW
PO Box number only is not acceptable County / Regio	LANARKSHIRE UK Postcode G2 4QY
Will all Members from time to time be designated members (List members overlea	? NO listed members must be
Number of continuation sheet attached to this application for incorporation	or
	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 12/10/05
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.	242 West George Street, Glasgow, G2 4QY, GW154 Glasgow
ect sisavggp 0812 COMPANIES HOUSE 12/10/05	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB or partnerships registered in Scotland DX ED235 Edinburgh

List of Members on Incorporation Peers or others Surname or LAFAYEEDNEY known by a title may Corporate name use the title instead of or in addition to DANIEL Forename(s) their name Day Month Year Date of Member Reference Number * Birth (as advised by Companies 1 9 2 1 1 House) Usual Residential Address # 4 PARK TOWN (or registered or principal office address in the case of a corporation or Scottish firm) †† Tick this box if the address shown is a OXFORD Post town service address for the beneficiary of a UK Confidentiality Order County / Region OXFORDSHIRE OX2 6SH granted under the Postcode provisions of section 723B of the Country **BNGLAND** Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary information (Please tick this box if consenting to act as a designated member) X Date 11 Octobr 2005 Signed (Member to sign and date) Peers or others Surname or MACLEOD Corporate name known by a title may use the title instead of or in addition to Forename(s) FIONA KATHERINE ADELAIDE their name Month Day Year Date of Member Reference Number * (as advised by Companies Birth 1 6 0 4 1 9 6. 3 House) Usual Residential Address # 4 PARK TOWN (or registered or principal office address in the case of a corporation or Scottish firm) IT Tick this box if the address shown is a service address for Post town OXFORD the beneficiary of a Confidentiality Order UK County / Region OXFORDSHIRE OX2 6SH granted under the Postcode provisions of section 723B of the ENGLAND Country Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary information (Please tick this box if consenting to act as a designated member) х

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

(Member to sign and date)

Signed

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. SO300737

The Registrar of Companies for Scotland hereby certifies that

PLUSCARDEN INVESTMENTS LLP

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 12 October 2005



