

FILE COPY



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

Partnership No. **SO306223**

The Registrar of Companies for Scotland, hereby certifies that

**ACREDALES FARM 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 Scotland

Given at Companies House, Edinburgh, on **30th October 2017**



\* NSO306223J \*



**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:***30/10/2017**

*X6I5FD08*

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*LLP name in full:* **ACREDALES FARM LLP**

*Company Type:* **Limited Liability Partnership**

*Situation of  
Registered Office:* **Scotland**

*Proposed Registered  
Office Address:* **LENNOXLOVE ACREDALES  
HADDINGTON  
EAST LOTHIAN  
UNITED KINGDOM EH41 4AA**

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

## ***LLP Members***

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*Type:* **Person**

*Full Forename(s):* **MRS LEILA PATRICIA**

*Surname:* **TAYLOR**

*Former Names:*

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

*Date of Birth:* **\*\*/10/1942**

*Service Address:* **recorded as Company's registered office**

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 PHILIPPA JANE AITKEN**

*Surname:* **WHITE**

*Former Names:*

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

*Date of Birth:* **\*\*/08/1966**

*Service Address:* **recorded as Company's registered office**

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 IAN HAMISH AITKEN**

*Surname:* **TAYLOR**

*Former Names:*

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

*Date of Birth:* **\*\*/01/1968**

*Service Address:* **recorded as Company's registered office**

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 initial significant control**

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**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**

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## *Individual Person with Significant Control details*

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*Names:* **MRS LEILA PATRICIA TAYLOR**

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

*Date of Birth:* **\*\*/10/1942** *Nationality:* **BRITISH**

*Service address recorded the Limited Liability Partnership's registered office*

*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 holds, directly or indirectly, **75%** or more of the  
LLP voting rights in the LLP.

## ***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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