



(Section 2 LLP Act 2000)

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COMPAND Application for Incorporation of a Limited

C	н	W	Po	00
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or in bold black capitals.	Liability Partnership
CHWP000	
Please leave this box blank	00 312589
Full Name of Limited Liability Partnership	
Situation of Registered Office	- 1 & W /= / /1 /1: / 1
Registered Office Address	
Post town	LONDON
PO Box number County / Region only is not acceptable	OUK WC184HP
Will all Members from time to time be designated members?	NO listed members must be
(List members overleaf,	designated members
Number of continuation sheets attached to this application fo incorporation	r
	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 23/03/2005
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	Tel 0207 9533713/14
public record.	E-mail
de	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

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COMPANIES HOUSE Form April 2002

for partnerships registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

List of Members on Incorporation					
Peers or others known by a title may	Surname or Corporate name	AXXESS INTERNATIONAL LTD.			
use the title instead of or in addition to their name	Forename(s)				
Memb	per Reference Number *	Date of Day Month Year			
	(as advised by Companies House)	Birth			
44	†† Usual Residential Address (or registered or	306 VICTORIA HOUSE.			
address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	principal office address in the case of a corporation or	VICTORIA,			
	Post town	MAHE			
	County / Region	UK Postcode			
	Country	SEYCHELLES			
		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)			
* Voluntary information	Signed	Date 23/03/2005			
		(Member to sign and date)			
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name	MR BREWSTER			
	Forename(s)	ALFRED VICTOR			
Member Reference Number *		Date of Day Month Year			
(as advised by Companies House)		Birth 0 2 0 4 1 9 5 3			
	ual Residential Address (or registered or principal	BATE LAZARE			
the Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	office address in the case of a corporation or Scottish firm	ONIC ZAZNKL			
	Post town	MAHE			
	County / Region	UK Postcode			
* Voluntary	Country	SEYCHELLES			
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	12 But 23/03/2005			

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

(Member to sign and date)

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC312589

The Registrar of Companies for England and Wales hereby certifies that JIRAF I KOMPANIA 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, Cardiff the 06 April 2005



