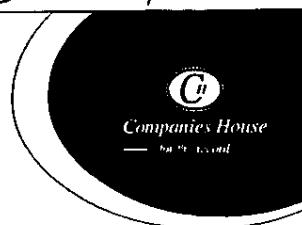


In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships.

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)



A fee is payable with this form
Please see 'How to pay' on the last page

☒ **What this form is for**
You may use this form to incorporate a Limited Liability Partnership

☒ **What this form is NOT for**
You cannot use this form to incorporate a company. To register a company please use form IN01 'App'.

FRIDAY



A26 *AIFTMJ05* 09/04/2010 380
COMPANIES HOUSE

Part 1 LLP details

→ **Filling in this form**
Please complete in typescript or in bold black capitals
All fields are mandatory unless specified or indicated by *

A1

LLP details

Please show the proposed LLP name below

LLP name in full ^①

GET CONNECTED MEDICAL TRANSLATION

LLP

Name ending ^②

LLP/~~Limited Liability Partnership~~

For official use

--	--	--	--	--	--	--	--	--	--

- ① **Duplicate names**
Duplicate names are not permitted
- ② **Name ending**
You must delete either LLP or Limited Liability Partnership
If the LLP is situated in Wales and you chose to have a Welsh ending (PAC or Partneraeth Atebolwydd Cyfyngedig), please use form LL IN01c

A2

LLP name restrictions ^③

Please tick the box only if the proposed LLP name contains sensitive or restricted words or expressions that require you to seek comments of a government department or other specified body

- ☐ I confirm that the proposed company name contains sensitive or restricted words or expressions and that approval, where appropriate, has been sought of a government department or other specified body and I attach a copy of their response

- ③ **LLP name restrictions**
A list of sensitive or restricted words or expressions that require consent can be found in guidance available on our website
www.companieshouse.gov.uk

A3

Situation of registered office ^④

Please tick the appropriate box below that describes the situation of the proposed registered office (only one box must be ticked)

- ☒ England and Wales
☐ Wales
☐ Scotland
☐ Northern Ireland

- ④ **Registered office**
Every LLP must have a registered office and this is the address to which the Registrar will send correspondence
For England and Wales LLPs, the address must be in England or Wales
For Welsh, Scottish or Northern Ireland LLPs, the address must be in Wales, Scotland or Northern Ireland respectively

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 2**Proposed officers**

→ For a member who is an individual, go to Section B1.

→ For a corporate member, go to Section C1.

There must be two designated members at all times. Unless there are at least two designated members all members will be designated

Member**B1****Member appointments ①**Please use this section to list all the member appointments taken on formation
For a corporate member complete C1-C5.

Title*	DR																
Full forename(s)	UTE																
Surname	MCCRUDDEN																
Former name(s) ②																	
Country/State of residence ③	UK																
Date of birth	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td>2</td><td>6</td><td>0</td><td>5</td><td>1</td><td>9</td><td>6</td><td>6</td> </tr> </table>	d	d	m	m	y	y	y	y	2	6	0	5	1	9	6	6
d	d	m	m	y	y	y	y										
2	6	0	5	1	9	6	6										
Designated member ④	Please tick this box if you are consenting to act as a designated member <input checked="" type="checkbox"/>																

① Appointments

For corporate member appointments, please complete section C1-C5 instead of section B.

② Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes.

③ Country/State of residence

This is in respect of your usual residential address as stated in Section B4

④ Designated member

There must be at least two designated members at all times.

Additional appointments
If you wish to appoint more members, please use the 'Member appointments' continuation page.**B2****Member's service address ⑤**

Please complete the service address below. You must also fill in the member's usual residential address in Section B4.

Building name/number	17
Street	BRANKSOME DENE RD
Post town	BOURNEMOUTH
County/Region	DORSET
Postcode	B H 4 8 J W
Country	

⑤ Service address

This is the address that will appear on the public record. This does not have to be your usual residential address.

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.

If you provide your residential address here it will appear on the public record.

B3**Signature ⑥**

I consent to act as member of the proposed LLP named in Section A1

Signature	Signature X Dr. Ute McCruden X
-----------	-----------------------------------

⑥ Signature

The person named above consents to act as member of the proposed LLP

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

A4 Registered office address ①

	Please give the registered office address of your LLP					
Building name/number	17					
Street	Branksome Dene Road					
	Westbourne					
Post town	Bournemouth					
County/Region	Dorset					
Postcode	B	H	4	8	J	W

① Registered office address
You must ensure that the address shown in this section is consistent with the situation indicated in section A3

You must provide an address in England or Wales for LLPs to be registered in England and Wales.

You must provide an address in Wales, Scotland or Northern Ireland for LLPs to be registered in Wales, Scotland or Northern Ireland respectively

A5 Members' designation

Will all members from time to time be designated members? ②

☒ Yes

☐ No

② Members' designation
If 'Yes' all members named will be designated. If 'No' at least two members named must be designated.

LL IN01**Application for the incorporation of a Limited Liability Partnership (LLP)****Member****B1 Member appointments ①**

Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5.																	
Title*	DR																
Full forename(s)	IRENA																
Surname	DANIELS																
Former name(s) ②																	
Country/State of residence ③	UK																
Date of birth	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>2</td><td>1</td><td>0</td><td>3</td><td>1</td><td>9</td><td>7</td><td>1</td></tr></table>	d	d	m	m	y	y	y	y	2	1	0	3	1	9	7	1
d	d	m	m	y	y	y	y										
2	1	0	3	1	9	7	1										
Designated member ④	Please tick this box if you are consenting to act as a designated member <input checked="" type="checkbox"/>																

① **Appointments**
For corporate member appointments, please complete section C1-C5 instead of Section B.

② **Former name(s)**
Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes.

③ **Country/State of residence**
This is in respect of your usual residential address as stated in section B4

④ **Designated member**
There must be at least two designated members at all times.

Additional appointments
If you wish to appoint more members, please use the 'Member appointments' continuation page.

B2 Member's service address ⑤

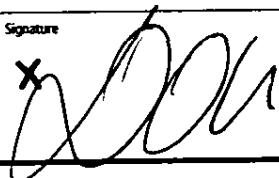
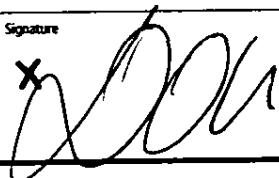
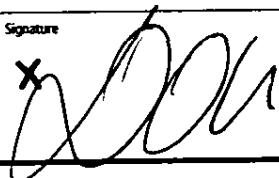
Please complete the service address below. You must also fill in the member's usual residential address in Section B4	
Building name/number	LLP REGISTERED OFFICE
Street	
Post town	
County/Region	
Postcode	
Country	

⑤ **Service address**
This is the address that will appear on the public record. This does not have to be your usual residential address.

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.

If you provide your residential address here it will appear on the public record

B3 Signature ⑥

I consent to act as member of the proposed LLP named in Section A1.				
Signature	<table><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X
Signature		X		

⑥ **Signature**
The person named above consents to act as member of the proposed LLP

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 3**Signature**

I certify that I am a

- ~~Solicitor engaged in the formation of this LLP~~
- Member named of this LLP

and that two or more persons named in this form are associated for carrying on lawful business with a view to profit.

I am signing this form on behalf of the LLP

Signature

Signature

X



X

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)



Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

DR IRENA DANIELS

Company name

GET CONNECTED

MEDICAL TRANSLATION

Address

17 A BRANSOME DEANE
ROAD

Post town

BOURNEMOUTH

County/Region

DORSET

Postcode

Country

UK

DX

Telephone

01414 055600



Certificate

We will send your certificate to the presenter's address (shown above) or if indicated to another address shown below:

☒ At the registered office address (Given in Section A4)



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☒ You have checked that the proposed LLP name is available and the various rules that may affect your choice of name. More information can be found in guidance on our website.
- ☐ If the name of the company is the same as one already on the register as permitted by The Company and Business Names (Miscellaneous Provisions) Regulations 2008, please attach consent.
- ☒ You have used the correct appointment section.
- ☒ Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- ☐ There are at least two designated members.
- ☒ The document has been signed, where indicated.
- ☒ You have enclosed the correct fee.
- ☐ All relevant attachments have been included.



Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.



How to pay

A fee of £20 is payable to Companies House to incorporate an LLP.

Make cheques or postal orders payable to 'Companies House'.



Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For LLPs registered in England and Wales:
The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ
DX 33050 Cardiff.

For LLPs registered in Scotland:
The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For LLPs registered in Northern Ireland:
The Registrar of Companies, Companies House,
First Floor, Waterfront Plaza, 8 Laganbank Road,
Belfast, Northern Ireland, BT1 3BS.
DX 481 N R Belfast 1

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:
The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE



Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk



FILE COPY

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

Partnership No. OC354099

The Registrar of Companies for England and Wales hereby certifies that

GET CONNECTED MEDICAL TRANSLATION LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited and the situation of the registered office is in England/Wales.

Given at Companies House on 14th April 2010.



Companies House
— for the record —



THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES