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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)



Companies House

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. Please use form INC16 to register a company.

WF SATURDAY



A22C20WZ

A09 16/02/2013 #221

COMPANIES HOUSE

A21 13/02/2013 #104

COMPANIES HOUSE

Part 1 LLP details

A1 LLP details

To check if an LLP name is available use our WebCheck service and select the 'Company Name Availability Search' option

www.companieshouse.gov.uk/info

Please show the proposed LLP name below

LLP name in full ¹

SPRINGIP

Name ending ²

LLP

For official use

OC382571

Filing in this form

Please complete in typescript or in bold black capitals

All fields are mandatory unless specified or indicated by *

1 Duplicate names

Duplicate names are not permitted. A list of registered names can be found on our website. There are various rules that may affect your choice of name. More information is available at www.companieshouse.gov.uk

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 Partneriaeth Atebolrwydd 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

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A4 Registered office address ①	
	Please give the registered office address of your LLP
Building name/number	BIG STUDIOS
Street	1 EAST POULTRY AVENUE
Post town	LONDON
County/Region	LONDON
Postcode	E C 1 A 9 P T

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
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

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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*	MR
Full forename(s)	MATTHEW FRANCES
Surname	O'NEILL
Former name(s) ②	
Country/State of residence ③	UNITED KINGDOM
Date of birth	d 0 3 m 0 7 y 1 9 y 8 y 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	'THE LLP'S 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	Signature X  X
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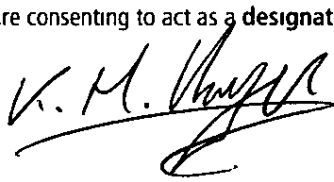
- ⑥ Signature
The person named above consents to act as member of the proposed LLP

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

Member

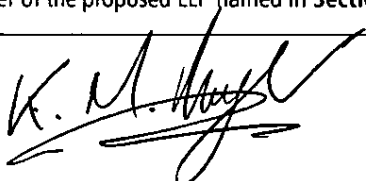
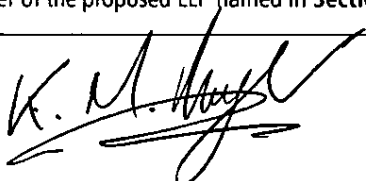
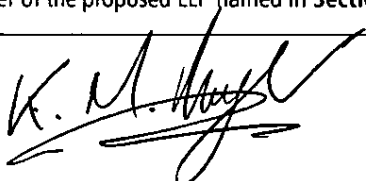
B1 Member appointments ①

Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5		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										
Title*	MR											
Full forename(s)	KERRY											
Surname	HARPER											
Former name(s) ②												
Country/State of residence ③	UNITED KINGDOM											
Date of birth	<table border="1"><tr><td>d</td><td>3</td><td>0</td><td>m</td><td>0</td><td>6</td><td>y</td><td>1</td><td>9</td><td>7</td><td>7</td></tr></table>		d	3	0	m	0	6	y	1	9	7
d	3	0	m	0	6	y	1	9	7	7		
Designated member ④	<p>Please tick this box if you are consenting to act as a designated member</p> <input checked="" type="checkbox"/> 											

B2 Member's service address ①

Please complete the service address below You must also fill in the member's usual residential address in Section B4		① 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
Building name/number	'THE LLP'S REGISTERED OFFICE'	
Street		
Post town		
County/Region		
Postcode		
Country		

B3 Signature ①

I consent to act as member of the proposed LLP named in Section A1		① Signature The person named above consents to act as member of the proposed LLP		
Signature	<table border="1"><tr><td>Signature</td><td></td><td>X</td></tr></table>		Signature	
Signature		X		

LL IN01.- continuation page
 Application for the incorporation of a Limited Liability Partnership (LLP)

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

Member

B1 Member appointments

Please use this section to list all the member appointments taken on formation
 For a corporate member, complete Section C1-C5

Title*	MS
Full forename(s)	ROSA
Surname	HOWARD
Former name(s)	
Country/State of residence	UK
Date of birth	23 04 1974
Designated member	<input checked="" type="checkbox"/> Please tick this box if you are consenting to act as a designated member

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

B2 Member's service address

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

Building name/number	THE LLP'S 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

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

Signature	Signature X <i>Rosattoward</i> X
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6 Signature
 The person named above consents to act as member of the proposed LLP

LL IN01 - continuation page
 Application for the incorporation of a Limited Liability Partnership (LLP)

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

Member

B1 Member appointments

Please use this section to list all the member appointments taken on formation
 For a corporate member, complete Section C1-C5

Title*	MR
Full forename(s)	SEBASTIAN
Surname	GRAY
Former name(s)	
Country/State of residence	UK
Date of birth	10 08 1974
Designated member	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

B2 Member's service address

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

Building name/number	THE LLP'S REGISTERED OFFICE
Street	
Post town	
County/Region	
Postcode	
Country	

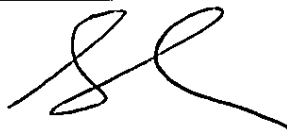
- 5 Service address
This is the address that will appear on the public record. This does not have to be your usual residential address.

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

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

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

LL IN01 - continuation page
 Application for the incorporation of a Limited Liability Partnership (LLP)

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

Member

B1 Member appointments

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)	JASON
Surname	ARDON - FINCH
Former name(s)	
Country/State of residence	UNITED KINGDOM
Date of birth	03 06 1974
Designated member	<input checked="" type="checkbox"/> Please tick this box if you are consenting to act as a designated member

- 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

B2 Member's service address

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

Building name/number	'THE LLP'S REGISTERED OFFICE'
Street	
Post town	
County/Region	
Postcode	
Country	

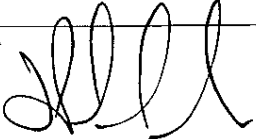
- 5 Service address
This is the address that will appear on the public record This does not have to be your usual residential address

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

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

Signature	Signature  X	X
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- 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

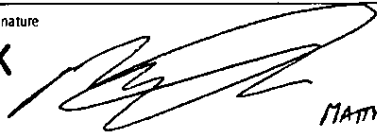
and that two or more persons named in this form are associated for carrying on lawful business with a view to profit

I am signing this form on behalf of the LLP

Signature

Signature

X



MATTHEW O'NEILL

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 **MATTHEW OWELL**

Company name

Address **BIG STUDIOS**

1 EAST PULLEY AVENUE

Post town **~~EC1A~~ LONDON**

County/Region **LONDON**

Postcode **E C 1 A 9 P T**

Country **U.K**

DX

Telephone **0845 402 4345**

Certificate

We will send your certificate to the presenters 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 is payable on this form

Make cheques or postal orders payable to 'Companies House'. For information on fees, go to www.companieshouse.gov.uk

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,
Second Floor, The Linenhall, 32-38 Linenhall Street,
Belfast, Northern Ireland, BT2 8BG
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. OC382571

The Registrar of Companies for England and Wales hereby certifies that

SPRINGIP 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 19th February 2013



Companies House



**THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES**