

FT INC 25169



# LLP2

(Section 2 LLP Act 2000)

## Application for Incorporation of a Limited Liability Partnership

Please complete in typescript, or in bold black capitals.

CHWP000

Please leave this box blank

OC 344 883

Full Name of Limited Liability Partnership

A A Medical Consultants LLP 2

Situation of Registered Office

England & Wales

Insert "England and Wales", "Wales" or "Scotland"

Registered Office Address

12 The Seven Acres, Weston Village

Post town

Weston Super Mare

PO Box number only is not acceptable

County / Region

North Somerset

UK Postcode

BS24 7BU

Will all Members from time to time be designated members?

(List members overleaf)

YES

NO

If no, at least two of the listed members must be designated members

Number of continuation sheets attached to this application for incorporation

1

I certify that I am a: (Please tick appropriate box)

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

AOSW

Date

1st April 2009

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

Tel  
DX number DX exchange

WEDNESDAY



A26 \*A69C88UB\* 214  
08/04/2009  
COMPANIES HOUSE

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  
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 use the title instead of or in addition to their name

Sumame or Corporate name   
 Forename(s)

Member Reference Number \* (as advised by Companies House)   
 Date of Birth Day Month Year

†† Usual Residential Address (or registered or principal office address in the case of a corporation or )

†† 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

Post town   
 County / Region  UK Postcode   
 Country

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

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Sumame or Corporate name   
 Forename(s)

Member Reference Number \* (as advised by Companies House)   
 Date of Birth Day Month Year

†† Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm )

†† 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

Post town   
 County / Region  UK Postcode   
 Country

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

(Member to sign and date)

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



**FILE COPY**

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

Partnership No. OC344883

The Registrar of Companies for England and Wales hereby certifies that

**A A MEDICAL CONSULTANTS 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 on **15th April 2009**.



**Companies House**  
— for the record —



THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES