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 SECRETARY OF STATE
 CORPORATIONS DIV

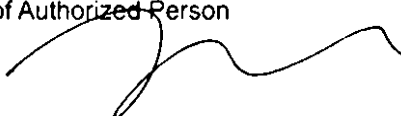
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STATE

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13-2 the undersigned limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001686598	2. Exact Name of the Limited Partnership Amcap Mortgage, Ltd.	
3. The fictitious business name to be used is: Gold Financial Services		
4. The limited partnership is organized under the laws of: Texas	5. The date of formation 05/31/2002	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>		
Name of Applicant Limited Partnership Amcap Mortgage, Ltd.		Date 7/31/2018
Signature of Authorized Person  <p style="text-align: center;">SIGN DOCUMENT HERE CEO</p>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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