



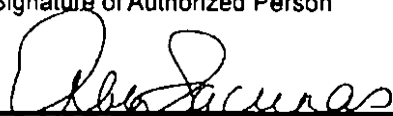
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**Fictitious Business Name Statement**

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: 001703637	2. The name of the Limited Partnership is: GMH Capital Partners Asset Services, L.P.
3. The fictitious business name to be used is: GMH Living	
4. The state or country the entity if formed is: Delaware	5. The date of formation is: 11/1/1999
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 GMH Capital Partners Asset Services, L.P.	Date 5/18/2021
Signature of Authorized Person 	

FILED  
 MAY 20 2021  
 B. [Signature] DJWOF  
 12:24

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

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.