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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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	2. Exact Name of the Limited Partnership		
001703637	GMH Capital Partners Asset Services, L.P.		
3. The fictitious business na	me to be used is:		
GMH University Housing			
4. The limited partnership is organized under the laws of:		5. The date of formation	
Delaware		11/1/1999	
6. Applicant is otherwise aut	thorized to do business in the st	ate of Rhode Island.	
Under penalty of perjury, I that the information conta	declare and affirm that I have lined herein is true and correc	e examined this Fictitious B ct.	usiness Name Statement and
Name of Applicant Limited Partnership			Date
James T. Asall, AVP of GMH Capital Partners, L.P.			1/17/2020
Signature of Authorized Pen	SIGNOO	LUMENTRERE	,

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 21, 2020 12:50 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

