		* . • *		
State of Rhode Island Department of State - Business Services Division				
OOMESTIC or FOREI → Filing Fee: \$50.00	is Name Statement GN Limited Partnership of RIGL <u>7-13-2</u> the undersign		R.I. DEPT. OF BUS SVCS	
ne following statement for ctitious business name:	authority to transact busines	ss in the state of Rhode Island unde	P P	
1. Entity ID Number:	2. The name of the Limited Partnership is:			
001703637	GMH Capital Partners Asset Services, 1P.			
3. The fictitious business	name to be used is:			
GMH Living				
4. The state or country the entity if formed is:		5. The date of formation is	5. The date of formation is:	
Delaware		11/1/1999		
5. Applicant is otherwise a	authorized to do business in f	the state of Rhode Island.		
Under penalty of perjury, in Information contained her		ve examined this Fictitious Busines	s Name Statement and that the	
Name of Applicant Limited Partnership			Date	
GMH Capital Partners Asse	Services, L.P.		5/18/2021	
Signature of Authorized P	erson		• .	
Class Suce	uras			

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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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.

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

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:

May 20, 2021 12:24 PM

Tulli M. Hole

Nellie M. Gorbea Secretary of State

