

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

TRADE NAME REGISTRATION-TRADE NAME

for

THE ADVENTURE PARK AT SSFS

(Department ID: **T00315183**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this November 29, 2021.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

TRADE NAME APPROVAL SHEET**** EXPEDITED SERVICE ******** KEEP WITH DOCUMENT ****



1000362000048753

TRANSACTION TYPEFEES REMITTED

TN - Trade Name Registration

25.00

TA - Amendment

TA1 - Amendment Owner Added

TA2 - Amendment Owner Deleted

TA3 - Amendment Owner Name Change

TA4 - Amendment Location Added

TA5 - Amendment Location Deleted

TA6 - Amendment Location Changed

TC - Cancellation

TR - Renewal

ID # T00315183 ACK # 1000362000048753

PAGES: 0002

THE ADVENTURE PARK AT SSFS

07/06/2010 AT 11:02 A WO # 0003669623

Expedited Fee

50.00

____ Certified Copies

Copy Fee: _____

____ Certificates

Certificate of Fact Fee: _____

____ Other Change(s)

TOTAL FEES: 75.00NO FEE TRANSACTION TYPES

99T - Departmental Action

99TA - Departmental Action - Name Change

* 220T - Void Non-Payment

220TA - Departmental Action - Amendment

220TA1 - Departmental Action - Owner Added

220TA2 - Departmental Action - Owner Deleted

220TA3 - Departmental Action - Owner Name Change

220TA4 - Departmental Action - Location Added

220TA5 - Departmental Action - Location Deleted

Code _____

Attention: _____

Mail to Address:

OUTDOOR VENTURE GROUP-SSFS, LLC
 6005 41ST AVE
 HYATTSVILLE MD 20782-3059

Credit Card ☒ Check ☐ Cash ☐

____ Documents on ____ Checks

Approved By: _____

Keyed By: _____

COMMENT(S):

CUST ID: 0002453042
 WORK ORDER: 0003669623
 DATE: 07-06-2010 12:24 PM
 AMT. PAID: \$75.00

FROM : SELVAGGI

FAX NO. : 2032552975

Jul. 06 2010 11:02PM

CUST ID: 0002453042
 WORK ORDER: 0003669623
 DATE: 07-09-2010 12:24 PM
 AMT. PAID: \$75.00

State of Maryland
 Department of Assessments and Taxation
 Charter Division

TRADE NAME APPLICATION

1) Only one trade name may appear on this line

TRADE NAME: The ADVENTURE PARK at SSFS

2) STREET ADDRESS(ES) WHERE NAME IS USED: _____

16923 Norwood Road

CITY: Sandy Spring STATE: MD ZIP: 20860

P.O. Box address is not acceptable anywhere on this form.

3) FULL LEGAL NAME OF OWNER OF BUSINESS OR INDIVIDUAL USING THE TRADE NAME:

Outdoor Venture Group - SSFS, LLC (W13443254)

If more than one owner, attach an additional sheet listing each owner with their address. Be sure each owner signs this form.

4) If the owner is an individual or general partnership, does it have a personal property account (an "L" number)? Check one box YES ☒ NO ☐

IF YES, WHAT IS THAT NUMBER? N/A (LLC)

If NO, see instruction 4 under How To Complete Trade Name Application.

5) ADDRESS OF OWNER: 6005 41st Ave

CITY: Hyattsville STATE: MD ZIP: 20782

6) DESCRIPTION OF BUSINESS: Aerial Forest Adventure Park

I affirm and acknowledge under penalties of perjury that the foregoing is true and correct to the best of my knowledge.

7)

[Signature] Member LLC
 SIGNATURE OF OWNER

[Signature] Member
 SIGNATURE OF OWNER

SIGNATURE OF OWNER

SIGNATURE OF OWNER