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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SIDE SHOW PRODUCTS INC.**

|                       |         |
|-----------------------|---------|
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**SIDE SHOW PRODUCTS INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1707 ORCHID BND  
WESTON, FL 33327

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at no par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH MANISCALCO  
1707 ORCHID BND  
WESTON, FL 33327

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike  
Huntington Sta., NY 11746  
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

TIMOTHY ROACH-PRESIDENT/ DIRECTOR  
PASEO LOS CORALES #1  
CABO DE HORNOS I11  
DORADO, PR 00646

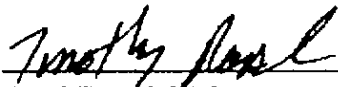
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TIMOTHY ROACH  
PASEO LOS CORALES #1  
CABO DE HORNOS I11  
DORADO, PR 00646

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17TH day of OCTOBER 20 19



TIMOTHY ROACH  
Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SIDE SHOW PRODUCTS INC.

2. The name and address of the registered agent and office is:

JOSEPH MANISCALCO

Name

1707 ORCHID BND

(P.O. Box or Mail Drop Box NOT Acceptable)

WESTON, FL 33327

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated  
corporation at the place designated in this certificate, I hereby accept the appointment as registered  
agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes  
relating to the proper and complete performance of my duties, and am familiar with and accept the  
obligations of my position as registered agent.*

  
JOSEPH MANISCALCO  
SIGNATURE

10/17/2019  
(Date)

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