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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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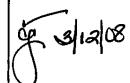


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SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 11 PM 12: 59



COVER LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAR 11 PM 12:59

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MCAL	ISTER PRODUCTS,	INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
,			
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED
			-
FROM: W	ILLIAM FRANK MCAL		
	Name	(Printed or typed)	
<u> </u>	9800 TOUCHTON RC		
		Address	
<u>.</u>	JACKSONVILLE, FLO		
-	City	, State & Zip	
<u>9</u>	904-881-2112	Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAR 11 PM 12: 59

ARTICLE I NAME

The name of the corporation shall be:

MCALISTER PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9800 TOUCHTON ROAD, APT 215 JACKSONVILLE, FLORIDA 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM FRANK MCALISTER -PRESIDENT, SECRETARY AND TREASURE 9800 TOUCHTON ROAD, APT 215 JACKSONVILLE, FLORIDA 32246

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: WILLIAM FRANK MCALISTER 9800 TOUCHTON ROAD, APT 215 JACKSONVILLE, FLORIDA 32246

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: WILLIAM FRANK MCALISTER 9800 TOUCHTON ROAD, APT 215 JACKSONVILLE, FLORIDA 32246

****************	**********
Having been named as registered agent to accept service of process for the all certificate, I am familiar with and accept the appointment as registered agent a	bove stated corporation at the place designated in thind agree to act in this capacity MARCH 3, 2007
Signature/Registered Agent	Date
Signature Incorporator	March 3,2008
Signature/Incorporator	Date

08 MAR 11 PM 12: 59