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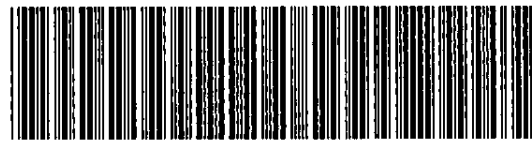
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -5 AM 11:56

Ps 12/6/11

LAW OFFICES OF  
**GOODSON, MANLEY, FORAKIS, PLC**

A PROFESSIONAL LIABILITY COMPANY  
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COLLEEN C. MANLEY AZ BAR

CHRISTINE GOODSON FORAKIS\* AZ BAR  
\*Licensed also in FL

## **TRANSMITTAL**

TO: Division of Corporations  
FROM: Travis Jones, Staff Assistant  
RE: Articles of Incorporation  
DATE: November 29, 2011

ATTACHMENT(S): Articles of Incorporation for Lowery Opportunities Inc and check

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Please find the enclosed above mentioned amendment and check. Please file the articles accordingly and a check in the amount of \$78.75 has been included to cover the costs of the filing. Once approved, please return the certified copy to our office in the provided envelope.

Contact our office should you have any questions about this transmittal.

Thank You

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

**ARTICLE I NAME**

LOWERY OPPORTUNITIES, INC.

The name of the corporation shall be:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

11 DEC -5 AM 11:56  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for the transaction of any and all lawful business and shall generally perform all acts reasonable and necessary for the furtherance of such business.

**ARTICLE IV SHARES**

10,000 shares of Voting stock

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GARY L. LOWERY, PRESIDENT/Di  
Address: 5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

Name and Title: CAITLIN LOWERY, CO-VP/Director  
Address: 5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

Name and Title: ROBERT HOEHN, CO-VP/Director  
Address: 43462 Mountcastle Drive  
Chantilly, Virginia 20152

Name and Title: TRACI SMITH, SECRETARY/Direct  
Address: 9107 West Port Terrace  
Orlando, Florida 32817

Name and Title: JOHN LOWERY, TREASURER/Dire  
Address: 5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GARY L. LOWERY  
Address: 5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GARY L. LOWERY  
Address: 5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gary L. Lowery Gary L. Lowery  
Required Signature/Registered Agent

11/10/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gary L. Lowery Gary L. Lowery  
Required Signature/Incorporator

11/10/2011  
Date