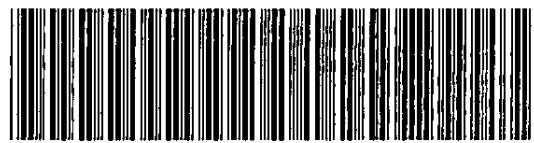


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
EYKANA Bengochea ^{pres} GAVE
AUTHORIZATION BY PHONE TO
CORRECT Put Name on App & Put Address
DATE 5-4-11 ^{ON APP}
DOC. EXAM. S. Collins

Office Use Only

FILED
2011 MAY -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC 5/5

COVER LETTER

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

caaos

SUBJECT: Children Advocating Against Abuse Society
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles 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

ADDITIONAL COPY REQUIRED

FROM: "CAAOS"
Name (Printed or typed)

135 Madeira Ave.
Address

C. Gables, FL
City, State & Zip

305 - 401 41 41
Daytime Telephone number

DOCTOREYSA@bellsouth.net
E-mail address: (to be used for future annual report notification)

EYUANABENGOCHAO@yahoo.com

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

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2011 MAY - 3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME.

The name of the corporation shall be: Children advocating against an obese Society, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
135 Madeira Ave
C. Gables FlA.
33134

Mailing address, if different is:
PO Box 144157
C. Gables FlA
33114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: C.A.A.O.S - children
Advocating Against an obese society
Teens and young adults bringing an awareness
to children and youth about the importance of
a healthy diet and activity level to promote a
healthy body and mind.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EYVANA M. Bengochea
Address: 135 Madeira Avenue
Coral Gables, Fl 33134
President

Name and Title: Jose A Bengochea VP
Address: 135 Madeira Avenue
Coral Gables, Fl 33134

Name and Title: EYSA Marquez MD
Address: Secretary
135 Madeira Avenue
Coral Gables, Fl 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: EYSA Marquez
Address: 135 Madeira Av
C G Fl 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EYVANA M Bengochea
Address: 135 Madeira Avenue
Coral Gables, Fl 33134

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

Eyva Marquez
Required Signature of Registered Agent

4/11/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

EYVANA Bengochea
Required Signature of Incorporator

4/11/11
Date