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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

EYKANA Bengochea <sup>pres</sup> GAVE

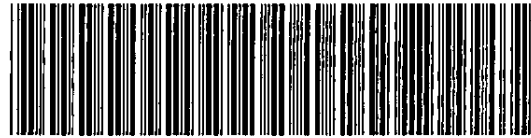
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC 5/5

## COVER LETTER

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

SUBJECT: *caaos*  
*Children Advocating Against In 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 4141*  
Daytime Telephone number

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

*EYUANABENGOCHEA@yahoo.com*  
NOTE: Please provide the original and one copy of the articles.

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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  
33119

**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 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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

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TALLAHASSEE, FLORIDA

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