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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TMOISES, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Moisés  
Name of Person

TMOISES (DBA) MOISES COLLECTIONS  
Firm/Company

17375 Collins Ave Suite 1906  
Address

Sunny Isles Beach, Florida 33160  
City/State and Zip Code

teremoises@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Moisés at (305) 303-1911  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

January 15, 2016

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32501

RE: TMOISES, INC.

To whom it may concern:


I kindly notify that TMOISES, INC. will not be reentered. Document # P13000056818 (please see copy enclosed).

Moises Collections is the Fictitious name for TMOISES, INC. ( please find copy enclosed).

Attached please find the LLC \$160.00 Filing fees and documents for TMOISES, LLC.

Should you have any questions, please do not hesitate to contact me at any time.

Respectfully,



Teresa Moisés  
305-303-1911  
17375 Collins Ave Suite 1906  
Sunny Isles Beach, Florida 3160

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TMOISES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

17375 Collins Ave #1906  
Sunny Isles Beach, Florida 33160

17375 Collins Ave #1906  
Sunny Isles Beach, Florida 33160

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Teresa Moisés

Name

17375 Collins Ave #1906

Florida street address (P.O. Box **NOT** acceptable)

Sunny Isles Beach Florida 33160

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
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 TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/03/2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

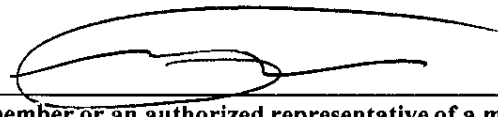
**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 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.

Teresa Moisés  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)