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(Ad	ldress)	
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(Document Number)		
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K.SALY EXAMINER DEC 28 2012 (850) 245-6051.

COVER LETTER

1 ' '	•		
TO: Registration Division of C			
SUBJECT: CPJ	D Capital Adv	risors, LLC.	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Philipp	e Drougnon		
	***	Name of Person	
CPJD (Capital Adviso	ors, LLC.	
		Firm/Company	
40 SE	5th Street, Su	ite 403	
		Address	
Boca F	Raton, FL 3343		
philippe	@cpjdadvisors.	ty/State and Zip Code COM	
-		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Philippe D	rougnon	_at 561 735-14	139
Name	e of Person	Area Code & Daytime Telep	bhone 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	Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
EFFEORE
20ATE
3,
ability Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is
• • • • • • • • • • • • • • • • • • • •
Mailing Address:
40 SE 5th Street, Suite 403
Boca Raton, FL 33432
Boca Raton, PL 30432
the registered agent are:
me 25
P. P.
address (P.O. Box NOT acceptable)
address (P.O. Box NOT acceptable)
State, and Zip
•
to accept service of process for the above stated limite
to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as
in this certificate, I hereby accept the appointment as

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Incorp Services, Inc.

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Philippe Drougnon (50% Ownership) 40 SE 5th Street, Suite 403 Boca Raton, FL 33432 MGR Stephan Adamsky (50% Ownership) 40 SE 5th Street, Suite 403 Boca Raton, FL 33432 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: January 1st, 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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.) Philippe Drougnon Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)