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(City/State/Zip/Phone #)

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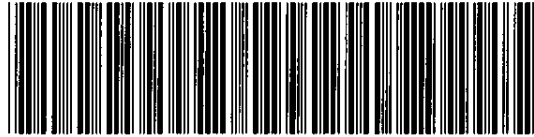
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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY -2 PM 4:26

G. MCLEOD

MAY -- 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urban Design Consortium, 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:

Randy Scott Moorhead
(Name of Person)

Urban Design Consortium
(Firm/Company)

4219 6th Ave N.
(Address)

St Petersburg FL 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy Moorhead at (727) 323-1083
(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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

28 April 2008

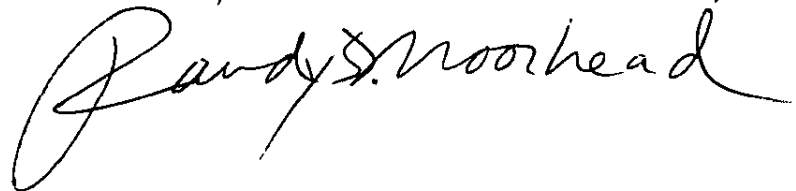
Urban Design Consortium is a company that assembles teams to design and implement construction projects mainly in urban settings. The teams assembled are hired on a contractual basis on a per-project duration. The office staff is hired under this criteria. The director is also a consultant, working solely on independent projects, differing from the aforementioned team format, yet also potentially engaged on a concurrent basis.

The present address of the office is:

Urban Design Consortium
4219 6th Ave. N.
St. Petersburg, FL 33713

248-885-0441
727-323-1083 (fax)

randrand@hotmail.com

RANDY S. MOORHEAD, DIR.


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Urban Design Consortium, 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:

4219 6th Ave N
St Petersburg
FL 33713

Mailing Address:

4219 6th Ave N
St Petersburg
FL 33713

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:

Delores Moorhead
Name
4219 6th Ave N
Florida street address (P.O. Box **NOT** acceptable)
St Petersburg FL 33713
City, State, and Zip

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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 608, F.S..

Delores Moorhead
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

there are no managers or
additional members
at this point
RSM 33713

director

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

X Shelaine T. Moorhead
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.)

Shelaine T. Moorhead
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)