

Central Coast Regional Water Quality Control Board
Prosecution Team Evidence
In the matter of
Administrative Liability Complaint R3-2016-0015
Exhibit 26



State of California
Secretary of State

L

STATEMENT OF INFORMATION
(Limited Liability Company)

114
JM

Filing Fee \$20.00. If this is an amendment, see instructions.

FILED
Secretary of State
State of California

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

DEC 27 2013

1. LIMITED LIABILITY COMPANY NAME
CENTRALLY GROWN HOLDINGS, LLC
15821 VENTURA BLVD STE 490
ENCINO, CA 91436

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201203310224	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California) CALIFORNIA
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No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 15821 VENTURA BLVD STE 490	CITY ENCINO	STATE CA	ZIP CODE 91436
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
7. STREET ADDRESS OF CALIFORNIA OFFICE 15821 VENTURA BLVD STE 490	CITY ENCINO	STATE CA	ZIP CODE 91436

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
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Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME DAVE G ROBERTSON	ADDRESS 15821 VENTURA BLVD STE 490	CITY ENCINO	STATE CA	ZIP CODE 91436
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
ALAN KAZDEN

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 15821 VENTURA BLVD STE 490	CITY ENCINO	STATE CA	ZIP CODE 91436
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Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
REAL ESTATE HOLDING COMPANY

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE 12/24/2013	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM ALAN KAZDEN	TITLE CPA	SIGNATURE
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State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

129

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED Secretary of State State of California

OCT 10 2014

1. LIMITED LIABILITY COMPANY NAME

Centrally Grown Holdings LLC

NE This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

201203310224

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

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Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

5877 Pine Avenue #200, Chino Hills, CA 91709

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

7. STREET ADDRESS OF CALIFORNIA OFFICE

5877 Pine Avenue #200, Chino Hills, CA 91709

Name and Complete Address of the Chief Executive Officer, If Any

Dave Robertson 5877 Pine Avenue #200 Chino Hills, CA 91709

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

Dave Robertson 5877 Pine Avenue #200, Chino Hills, CA 91709

11. NAME ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS

Grega Apostolou 5877 Pine Avenue #200, Chino Hills, CA 91709

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Real Estate Holdings

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

9-8-14 DATE

Grega Apostolou TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

mgr TITLE

[Signature] SIGNATURE



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 19 2016

Date: _____ CFG1

Alex Padilla

ALEX PADILLA, Secretary of State

14-119260



State of California Secretary of State

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140

Statement of Information

(Foreign Corporation)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED Secretary of State State of California

DEC 30 2014

1. CORPORATE NAME

Centrally Grown, Inc.

2. CALIFORNIA CORPORATE NUMBER

C3398849

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

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Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 5877 Pine Avenue #200, Chino Hills, CA 91709
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 5877 Pine Avenue #200, Chino Hills, CA CA 91709
6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 5

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS 5877 Pine Avenue #200, Chino Hills, CA 91709
8. SECRETARY ADDRESS 5877 Pine Avenue #200, Chino Hills, CA 91709
9. CHIEF FINANCIAL OFFICER/ ADDRESS 5877 Pine Avenue #200, Chino Hills, CA 91709

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 11 must be left blank.

10. NAME OF AGENT FOR SERVICE OF PROCESS

Greg Apostolou

11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL, CITY

5877 Pine Avenue #200, Chino Hills

STATE ZIP CODE CA 91709

Type of Business

12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

Hospitality

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10-15-14 DATE

Greg Apostolou TYPE/PRINT NAME OF PERSON COMPLETING FORM

Mgr. TITLE

Signature

SIGNATURE



**State of California
Secretary of State**

F

Statement of Information

68

(Foreign Corporation)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

Am

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

MAY 13 2015

1. CORPORATE NAME

Centrally Grown, Inc.

2. CALIFORNIA CORPORATE NUMBER C3398849

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information has been previously filed, this form must be completed in its entirety.

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4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
		CA	
6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

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10. NAME OF AGENT FOR SERVICE OF PROCESS				
11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	
		CA		

Type of Business

12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

5-8-15 Greg Apostolou Accountant *[Signature]*
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 19 2016

Date: _____ CFG

Alex Padilla

ALEX PADILLA, Secretary of State