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

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| I SEAL OF THE | State of Califo | rnia 🕒 | | |
| | Secretary of Sta | ate | | |
| | STATEMENT OF INFORM | ATION AAA | | FILED |
| LIFORM | (Limited Liability Comp | | Sec | retary of State |
| Filing Fee \$20. | 00. If this is an amendment, see ins | structions. | | e of California |
| IMPORTANT - REAL | INSTRUCTIONS BEFORE COMPLI | ETING THIS FORM | DP | |
| 1. LIMITED LIABILITY COMPA | NY NAME | | UE | C 2 7 2013 |
| CENTRALLY GROWN HO | LDINGS, LLC | | | |
| 15821 VENTURA BLVD S | STE 490 | | | |
| ENCINO,CA 91436 | | | | |
| | | | | |
| | | | This Space Fo | r Filing Use Only |
| File Number and State or Pla | ace of Organization | | | |
| 2. SECRETARY OF STATE FILE N | ^{JMBER} 201203310224 | 3. STATE OR PLACE OF ORGANI. CALIFORNIA | ZATION (If formed outside | e of California) |
| No Change Statement | 201203310227 | | | |
| | inges to the information contained in the l | ast Statement of Information | filed with the Calife | ornia Secretary of |
| | nformation has been previously filed, this | | | |
| State, check the box a | change in any of the information contained in nd proceed to Item 15. | | | California Secretary of |
| 5. STREET ADDRESS OF PRINCIP | Following (Do not abbreviate the name of It | | | 710.0005 |
| 15821 VENTURA BLVD ST | | ENCINO | STATE | ZIP CODE 91436 |
| 6. MAILING ADDRESS OF LLC, IF | | CITY | STATE | ZIP CODE |
| | | | | |
| 7. STREET ADDRESS OF CALIFO | | CITY | STATE | ZIP CODE |
| 15821 VENTURA BLVD ST | E 490 | ENCINO | CA | 91436 |
| Name and Complete Address | s of the Chief Executive Officer, If Any | | | |
| 8. NAME | ADDRESS | . CITY | STATE | ZIP CODE |
| a supervision of the second | ss of Any Manager or Managers, or if Attach additional pages, if necessary.) | None Have Been Appoint | ed or Elected, Pro | vide the Name and |
| 9. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| DAVE G ROBERTSON | 15821 VENTURA BLVD STE 490 | ENCINO | | CA 91436 |
| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| Agent for Service of Process P.O. Box is not acceptable. If the Corporations Code section 1505 a | If the agent is an individual, the agent must no agent is a corporation, the agent must have cand item 13 must be left blank. | eside in California and Item 13 n on file with the California Secreta | nusl be completed with ary of State a certificat | a California address, a e pursuant to California |
| 12. NAME OF AGENT FOR SERVICE | E OF PROCESS | | | |
| 13. STREET ADDRESS OF AGENT 15821 VENTURA BLVD STI | FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN | NINDIVIDUAL CITY ENCINO | STATE CA | ZIP CODE 91436 |
| Type of Business | | | | |
| 14. DESCRIBE THE TYPE OF BUSH REAL ESTATE HOLDING C | NESS OF THE LIMITED LIABILITY COMPANY | | | |
| | D HEREIN, INCLUDING ANY ATTACHMENTS, IS TR | | 01 | 111 |
| | KAZDEN | FORM TITLE | _ UN | CNATURE |
| LLC-12 (REV 01/2013) | LOCAL MANY HOME OF PERSON COMPLETING THE | | | GNATURE |
| | · | | ALAKOVED BY SI | ICREIMET OF STATE |

| State of California Secretary of State STATEMENT OF INFORMATION (Limited Liability Company) 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 1 0 2014 | | | | | |
|--|--|--|--|--|--|--|
| Centrally Grown Holdings LLC | N V This Space For Filing Use Only | | | | | |
| 201200010224 | ZATION (If formed outside of California) | | | | | |
| 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 5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 5. STREET ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 | P.O. Boxes.) | | | | | |
| The street ADDRESS OF CALIFORNIA OFFICE 5877 Pine Allenue # 200, Chino Hill'S, CA Name and Complete Address of the Chief Executive Officer, If Any | CA 9700 9 | | | | | |
| Daille Robertson 587 Pine Avenue #200 Chi | no Hills (AFF0091709 | | | | | |
| Name and Complete Address of Any Manager or Managers, or if None Have Been Appoint Address of Each Member (Attach additional pages, if necessary.) | ed or Elected, Provide the Name and | | | | | |
| Dave Robertson 5877 Pine Avenue #200, Chi 10. NAME ADDRESS ADDRESS PINE Avenue #200, Chi | no Hills, CHOCODE 1709 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 m P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secreta Corporations Code section 1505 and Item 13 must be left blank. | nust be completed with a California address, a ary of State a certificate pursuant to California | | | | | |
| 12. NAME OF AGENT FOR SERVICE OF PROCESS THEAT ADOG TO OUL 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITYLING SOFT TWO ADDRESS Type of Business | CA 2000000 | | | | | |
| 14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED MABLITY COMPANY REALESTATE HORINGS | ń. | | | | | |
| 15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. | APPROVED BY SECRETARY OF STATE | | | | | |



I hereby certify that the foregoing transcript of ______ 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 1 9 2016 CFGI

Date: 090 aleys ALEX PADILLA, Secretary of State

| · · · · | |
|---|--|
| F State of California | 14-119260 |
| State of California Secretary of State | |
| 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 |
| 1. CORPORATE NAME Centrally Grown, Inc. | DEC 3 0 2014 |
| 2. CALIFORNIA CORPORATE NUMBER CABO (1) | Ĩ. |
| 2. CALIFORNIA CORPORATE NUMBER C 3395449 No Change Statement (Not applicable if agent address of record is a P.O. Box address. See inst | This Space for Fining Use Unly |
| If there have been any changes to the information contained in the last Statement of Infor of State, or no statement of information has been previously filed, this form must be composite the information contained in the last Statement of Information of State, check the box and proceed to Item 13. | nation filed with the California Secretary oleted in its entirety. |
| Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 car | |
| STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 5877 Pine Avenue #200, Chino Hills, C STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 5877 Pine Avenue #200 Chino Hills CI MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 5 CITY | A 91709 STATE ZIP CODE STATE ZIP CODE A CA 91709 STATE ZIP CODE |
| | |
| Names and Complete Addresses of the Following Officers (The corporation must list these officer may be added; however, the preprinted titles on this form must not be altered.) | three officers. A comparable title for the specific |
| Dave Kobertson 300 Prine Avenue #200 (| hino Hills STATE ZIP 997709 |
| Dave Robertson 5777 Pine Avenue 200 | Chino Hills 07-9/709 |
| Agent for Service of Process If the agent is an individual, the agent must reside in California and address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must ha certificate pursuant to California Corporations Code section 1505 and Item 11 must be left blank. | tem 11 must be completed with a California street - ve on file with the California Secretary of State a |
| 10. NAME OF AGENT FOR SERVICE OF PROCESS TTEO ADOS TO DU | |
| 11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY 5877 Pine Avenue # 200, Chino Hills | CA 91709 |
| Type of Business 12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION | |
| HOS PITAILY | 12 |
| 13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. 10-15-14 GTEO Aposto OU May. | Uhro - |
| DATE TYPE/PRINT, NAME OF HERSON COMPLETING FORM TITLE | SIGNATURE APPROVED BY SECRETARY OF STATE |

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| IMPORTAN | State of Ca Secretary of Statement of In (Foreign Corr FEES (Filing and Dis- If this is an amendment T – READ INSTRUCTIONS B | of State nformation poration) closure): \$25.00. t, see instructions | | Fil | ED |
|--|--|---|---|--|---|
| 1. CORPORATE | AME | | | State of | y of State |
| Centrally Grown, Inc. | | | | State of California MAY 1 3 2015 | |
| 2. CALIFORNIA CON | PORATE NUMBER C339884 | 9 | | This Space for Fili | ng Use Only |
| No Change State | ment (Not applicable if agent ag | Idress of record is a P | .O. Box address. See in | nstructions.) | |
| 3. If there have I of State, or no | been any changes to the inform o statement of Information has as been no change in any of the li- check the box and proceed to Iter | ation contained in the been previously filed | ne last Statement of Inf I, this form must be co | formation filed with the Calif impleted in its entirety. | |
| | sses for the Following (Do no | | of the city. Items 4 and 5 | cannot be P.O. Boxes.) | |
| 4. STREET ADDRE | SS OF PRINCIPAL EXECUTIVE OFFIC | | CITY | STATE | ZIP CODE |
| 5. STREET ADDRE | SS OF PRINCIPAL BUSINESS OFFICE | IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
| 6 MAILING ADDDE | | | | | |
| 6. MAILING ADDRE | SS OF THE CORPORATION, IF DIFFE | RENT THAN ITEM 4 | CITY | STATE | ZIP CODE |
| Names and Com | SS OF THE CORPORATION, IF DIFFE plote Addresses of the Folio d; however, the preprinted tilles on | wing Officers (The | corporation must list the | | |
| Names and Com | plete Addresses of the Follo d; however, the preprinted tilles on | wing Officers (The | corporation must list the | | |
| Names and Com officer may be adde | plete Addresses of the Follo d; however, the preprinted tilles on | wing Officers (The | corporation must list the lfered.) | se three officers. A comparabl | le title for the specific |
| Names and Com officer may be adde 7. CHIEF EXECUTIV | plete Addresses of the Folio d; however, the preprinted tilles on VE OFFICER/ ADDRESS ADDRESS | wing Officers (The | corporation must list the ltered.) CITY | se three officers. A comparabl | le title for the specific ZIP CODE |
| Names and Corr officer may be adde 7. CHIEF EXECUTIV 8. SECRETARY 9. CHIEF FINANCIA Agent for Servic address, a P.O. Bo certificate pursuant | plete Addresses of the Folio d; however, the preprinted tilles on VE OFFICER/ ADDRESS ADDRESS | wing Officers (The this form must not be a ndividual, the agent mu a agent is another corp | Corporation must list the Itered.) CITY CITY CITY Ust reside in California an poration, the agent must | se three officers. A comparable STATE STATE STATE STATE | le title for the specific ZIP CODE ZIP CODE ZIP CODE ZIP CODE |
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I hereby certify that the foregoing transcript of ______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:_

CF61 000 aleys ALEX PADILLA, Secretary of State