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

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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
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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