

EXHIBIT 3



**Secretary of State
Business Programs Division**

Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

Date: April 18, 2015

Employee Initials: DLS

RE: SAVE THE VALLEY, LLC

This is response to your request for information.

- A refund for overpayment in the amount of \$ 27.00 will be processed and mailed in approximately six to eight weeks. Note: Refunds cannot be applied to future requests.
- The 'not to exceed' or blank check submitted with your request has been completed in the amount of \$ _____.
- The California Secretary of State is not able to determine the intended purpose of the enclosed payment. Please provide the entity name, entity number and the reason you are submitting the payment. Enclosed please find the Business Entities Records – Information & Fees and Order Form.
- The payment received is insufficient to cover the cost of the order. The current cost of this order is \$ _____. You may resubmit your request with the appropriate fees.

For more information, go to www.sos.ca.gov/business/be/information-requests.htm.

201419010376

LLC-1

**Articles of Organization
of a Limited Liability Company (LLC)**

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you **drop off** the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: *Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.*

FILED
Secretary of State
State of California

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For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

① Save the Valley, LLC

Proposed LLC Name

The name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

② The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

LLC Addresses

③ a.	<u>1334 Anacapa</u>	<u>Santa Barbara</u>	<u>CA 93101</u>
	<i>Initial Street Address of Designated Office in CA - Do not list a P.O. Box</i>	<i>City (no abbreviations)</i>	<i>State Zip</i>
b.	<u>PO Box 341</u>	<u>Santa Ynez</u>	<u>CA 93441</u>
	<i>Initial Mailing Address of LLC, if different from 3a</i>	<i>City (no abbreviations)</i>	<i>State Zip</i>

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

④ a.	<u>Matthew M. Clarke</u>		
	<i>Agent's Name</i>		
b.	<u>1334 Anacapa</u>	<u>Santa Barbara</u>	<u>CA 93101</u>
	<i>Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box</i>	<i>City (no abbreviations)</i>	<i>State Zip</i>

Management (Check only one.)

⑤ The LLC will be managed by:

One Manager More Than One Manager All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.


Organizer - Sign here

Matthew M. Clarke
Print your name here

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814



**Secretary of State
Business Programs Division**

Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

Date: April 18, 2015

Employee Initials: DLS

RE: SAVE THE VALLEY, LLC (AMENDMENTS)

This is response to your request for information.

- There is no record of the entity you requested.
- There is no record of the filing you requested.
- The information requested is not available. The entity has not filed a Statement of Information.
- The information requested is not available. Only corporations and limited liability companies are required to file a Statement of Information.
- The information requested is not made of record with the California Secretary of State.
- The information requested is not made of record as a business entity with the California Secretary of State.
- The California Corporations Code authorizes the California Secretary of State to destroy a Statement of Information after a new statement is filed. The California Secretary of State retains the two most recently filed complete statements or the most recently filed complete and no change statements. Therefore, all previously filed statements may not be available for reproduction.
- The California Secretary of State has no record of a general partnership by the name stated in your request. General partnerships may record their partnership agreement with the county in which the principal place of business is located. For county locations, go to Government Links at www.ca.gov.
- The California Secretary of State has a record of one or more entities with the same or similar name. A list including the entity name(s) is enclosed. Please resubmit your request identifying the exact entity name and number to which your request applies, along with any applicable fees.
- Enclosed is a Certificate of Status certifying to the status of the entity. A Certificate of Qualification or Certificate of Registration, issued to a foreign entity at the time of qualification or registration with the California Secretary of State, cannot be reproduced or reissued.
- Bylaws or Articles of Association (or any amendments to those documents) are not filed with the California Secretary of State. Requests for this information should be directed to the entity itself.
- Fictitious business names may be filed with the county in which the principal place of business is located. For more information, go to the Government Links at www.ca.gov.
- The information requested is not available from the California Secretary of State.

For more information, go to www.sos.ca.gov/business/be/information-requests.htm.



**State of California
Secretary of State**

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**STATEMENT OF INFORMATION
(Limited Liability Company)**

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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

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2/12/2014
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1. LIMITED LIABILITY COMPANY NAME

Save the Valley, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201419010376

3. STATE OR PLACE OF ORGANIZATION (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 P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
1334 Anacapa Street	Santa Barbara, CA		93101
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
PO Box 341	Santa Ynez, CA		93441
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
1334 Anacapa Street	Santa Barbara	CA	93101

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

B. 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	ADDRESS	CITY	STATE	ZIP CODE
Steve Pappas	PO Box 341	Santa Ynez, CA		93441
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
Matthew Clarke

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
1334 Anacapa Street	Santa Barbara	CA	93101

Type of Business

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

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

07/16/2014 Steve Pappas Manager

DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE



State of California
Secretary of State

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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
SEP 22 2014

1. LIMITED LIABILITY COMPANY NAME
Save the Valley, LLC

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This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201419010376	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
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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 OFFICE 1334 Anacapa Street	CITY Santa Barbara, CA	STATE	ZIP CODE 93101
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 PO Box 341	CITY Santa Ynez, CA	STATE	ZIP CODE 93460
7. STREET ADDRESS OF CALIFORNIA OFFICE 1334 Anacapa Street	CITY Santa Barbara	STATE CA	ZIP CODE 93101

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	ADDRESS	CITY	STATE	ZIP CODE
Steve Pappas	PO Box 341	Santa Ynez, CA		93460
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

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Type of Business

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

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

9/16/2014	Steve Pappas	Manager	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE