



State of California

Kevin Shelley

Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.
IMPORTANT – Read instructions before completing this form.

FILE# 200310510052

FILED
In the office of the Secretary of State
of the State of California

APR 14 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

1. Name of the limited liability company (end the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")
SC Sonoma Development, LLC

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 Beverly-Killea limited liability company act.

3. Name the agent for service of process and check the appropriate provision below:
C T Corporation System which is
 an individual residing in California. Proceed to item 4.
 a corporation which has filed a certificate pursuant to section 1505. Proceed to Item 5.

4. If an individual, California address of the agent for service of process:
Address:
City: State: CA Zip Code:

5. The limited liability company will be managed by: (check one)
 one manager more than one manager single member limited liability company all limited liability company members

6. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include the latest date on which the limited liability company is to dissolve.

7. Number of pages attached, if any: 0

8. Type of business of the limited liability company. (For informational purposes only)
The development of entertainment facilities and related activities.

9. **DECLARATION:** It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Julia B. Dachs
Signature of Organizer

Julia B. Dachs
Type or Print Name of Organizer

April 11, 2003
Date

10. RETURN TO:
NAME
FIRM
ADDRESS
CITY/STATE
ZIP CODE



**State of California
Kevin Shelley
Secretary of State**

FILED
In the office of the Secretary of State
of the State of California

JUL 14 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

LIMITED LIABILITY COMPANY – STATEMENT OF INFORMATION

Filing Fee \$20.00 – If Amendment, See Instructions

IMPORTANT- Read Instructions Before Completing This Form

1. LIMITED LIABILITY COMPANY NAME: (Do not enter if name is preprinted.)
SC Sonoma Development, LLC

EC

This Space For Filing Use Only

| | |
|--|---|
| 2. SECRETARY OF STATE FILE NUMBER 200310510052 | 3. STATE OR PLACE OF ORGANIZATION California |
| 4. PRINCIPAL EXECUTIVE OFFICE STREET ADDRESS 2411 W. Sahara Avenue CITY Las Vegas STATE NV ZIP CODE 89102 | |
| 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY) STREET ADDRESS 601 S. Figueroa Street, 30th Floor CITY Los Angeles STATE CA ZIP CODE 90017 | |
| 6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS <input type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. <input checked="" type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. AGENT'S NAME: <u>CT Corporation System</u> | |
| 7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS CITY STATE CA ZIP CODE | |
| 8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. <u>Development of entertainment facilities and related activities</u> | |
| 9. LIST THE 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. | |
| 9a. NAME Station Casinos, Inc. (Member) ADDRESS 2411 W. Sahara Avenue CITY Las Vegas STATE NV ZIP CODE 89102 | |
| 9b. NAME ADDRESS CITY STATE ZIP CODE | |
| 9c. NAME ADDRESS CITY STATE ZIP CODE | |
| 10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY NAME The Member has not designated any individual to the officer position ADDRESS of Chief Executive Officer. CITY STATE ZIP CODE | |
| 11. NUMBER OF PAGES ATTACHED, IF ANY: <u>Not Applicable</u> | |

12. THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.
Scott M Nielson *Scott M Nielson* Secretary 6/25/03
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE TITLE DATE



**State of California
Secretary of State**



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

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

200310510052
SC SONOMA DEVELOPMENT, LLC
2411 W SAHARA AVE
LAS VEGAS NV 89102

FILED
in the office of the Secretary of State
of the State of California

FEB 26 2007

This Space For Filing Use Only

DUE DATE: 04/30/2007

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200310510052

3. STATE OR PLACE OF ORGANIZATION

CA

NO CHANGE STATEMENT

If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to **Item 13**.

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

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 CITY AND STATE ZIP CODE

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE
CA

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME ADDRESS CITY AND STATE ZIP CODE

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.)

7. NAME ADDRESS CITY AND STATE ZIP CODE

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

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 address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

11. 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 LIMITED LIABILITY COMPANY

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Scott M Nielson

Scott M Nielson Secretary

2-8-07

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE



State of California Secretary of State

L

32

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

SC SONOMA DEVELOPMENT, LLC
1505 SOUTH PAVILION CENTER DRIVE
LAS VEGAS, NV 89135

FILED
In the office of the Secretary of State
of the State of California

MAR 2 2009

SC This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200310510052

3. STATE OR PLACE OF ORGANIZATION

CA

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

CITY AND STATE

ZIP CODE

1505 SOUTH PAVILION CENTER DRIVE

LAS VEGAS, NV

89135

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

601 SOUTH FIGUEROA STREET, 30TH FLOOR

LOS ANGELES

CA

90017

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

N/A

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.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

STATION CASINOS, INC.

1505 SOUTH PAVILION CENTER DRIVE LAS VEGAS, NV

89135

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

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 address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

00168406

CT CORPORATION SYSTEM

11. 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 LIMITED LIABILITY COMPANY

DEVELOPMENT OF ENTERTAINMENT FACILITIES AND RELATED ACTIVITIES

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

RICHARD J. HASKINS

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

SECRETARY

TITLE

02/20/09

DATE





State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 3 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

APR 16 2009

Debra Bowen

DEBRA BOWEN
Secretary of State