



APR 2 5 2017

FILE NO	1-21	8119	sa
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			C	O NOT WRITE ABOVE THE	S LINE; RESERVED	FOR ACC US	E ONLY.			
				ARTICLES O	•					
							.011			
1.	ENTI	Read the Instructions <u>L010i</u> TY TYPE - check only one to Indicate the type of entity being formed:								
		I I THATTED I TARK TON	COMPAN tain		PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "PLLC")					
2.	ENTI	TY NAME - see I	nstruct	ions I 010i for full	,	iromento	- aive the	avact i	name of the I	100
			HISTI MUC	ions coron for full	naming requ	in cirients	- give tile	exact	name or the L	.LC:
	Sears	Canada, LLC								
3.	checke	ESSIONAL LIM: d in number 1 above, ccounting, medical):	describe	LIABILITY CON the professional se	1PANY SER ervices that the	RVICES e professio	if and on onal LLC will	ly if prof provide	essional LLC is (examples: law	,
4.	STAT	UTORY AGENT f	or ser	vice of proces	s – <u>see Ins</u> i	tructions	s L010i			
	4.1	REQUIRED – give the an Arizona resident o entity) and physical P.O. Box) in Arizona	r an Ari	zona-registered eet address (not a	4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):					
Brac	dley P.	Miller								
	tory Agent				1					
				Sometide of a constant						
	tion (option				Attention (option	al)				
Addre		ning Street			Address 1					
Addre	ess 2 (option	-	AZ	85701	Address 2 (option	nal)	-	AZ		
City	Tucso	1	State	Zip	City			State	Zip	
	4.3 RE	QUIRED—the Statutor	y Agent	Acceptance form M	002 must be s	ubmitted	along with ti	hese Arti	cles of Organiz	ation.
						-				
5.	ARIZ	ONA KNOWN PL	ACE C	of Business A	ADDRESS:					
	5.1	Is the Arizona kn statutory agent?	own p	lace of business Yes – go to nur No – go to nur	nber 6 and	continue	•	eet ad	idress of the	е
	5.2	If you answered Box) of the know	" No " wn pla	to number 5.1, ce of business o	give the ph f the LLC in	ysical o Arizona	or street :	addre	ss (not a P.0	Э.
		Attention (optional) 6340 N. Campb Address 1	ell Av	enue, Sutie 278						
-		Address 2 (optional)					T			
		Tucson			1	ΑZ	85718			
		City Country	11 0	S.A.		State or Province	Zip			\neg
		1 .	0.2	/						

6.	section an	N – if the durat d continue to nu ponding blank:	ion or life period o mber 7 or number	f the LLC is perpetua 8. Otherwise, check	l (forever), then skip this only one box below <i>and</i> fill in
	☐ Th	e LLC's life period w	ill end on this date:		_ (enter a date)
	□ тн	e LLC's life period w	ill end upon the occurre	ence of this event: (descri	pe an event)
co	OMPLETE	NUMBER 7	OR NUMBER 8	– NOT BOTH.	
7.	company) members	e vested in a ma and complete a and managers w	nager or managers nd attach ONLY the	s (meaning one or m e <u>Manager Structure</u> Manager Structure <i>A</i>	box lif management of the ore managers will run the Attachment form L040. (Both attachment.) The filing will be
8.	there is no Structure	e reserved to the o operating agre- Attachment form	e members (meaning) ement stating other of L041. (All member	ng all members will rerwise), and complete	if management of the un the company together if and attach ONLY the Member he Member Structure the attachment.
9.	is the Orga individual	anizer - list the r must sign below	name of the Organi . If the Organizer i	zer below. If the Org	entity submitting this document anizer is an individual, that by, provide the signature of the
		that the informa	tion contained within	nd certifies <i>under penal</i> I this document togethe is submitted in complia	or with any
Org	ganizer: Bra	ndley P. Miller			
	N	In		i	04/25/2017
Sign	nature	,,,,			Date
Prin	ited Name (if o	lifferent from Organi	zer)		
			No.		

Arizona Corporation Commission Corporate Filings Section Mail: Filing Fee: \$50.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100 Fax:

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):					
	Sears Canada, LLC					
2.	A.C.C. FILE NUMBER (if known):					
3.	MEMBERS – give the name and address of all Members . If more space is needed, use another <u>Member Structure</u> <u>Attachment</u> form.					

Doron Sears			2.				
Name			Name				
6340 N. Campbell Avenue, Suite 279			name				
6340 N. Campbell Avenue, Suite 278			Address 1				
Audiess I			Address 1				
			1				
Address 2 (optional)	A -7	05740	Address 2	(optional)			
Tucson	AZ	85718	1				
City	State or	Zip	City		State or	Zip	
Country UNITED STATES	Province		Country		Province		
3.			4.		-		
	•		1				
Name			Name				
and the second s							
Address 1		· · · · · · · · · · · · · · · · · · ·	Address 1				
			Address				
Address 2 (optional)	·		1				
Address 2 (opporial)			Address 2	(optional)	1	·	
4					1	· ·	
City	State or Province	Zip	City	r	State or Province	Zip	
Country L	Fromice		Country		Province		
5.			6.				
			1				
Name			Name				
Name			Name				
Name Address 1			Name Address 1	A Maria Cara Cara Cara Cara Cara Cara Cara		<u> </u>	
Address 1			Address 1	44.77.7.44.5.5	<u> </u>		
				(optional)			
Address 1 Address 2 (optional)			Address 1	(optional)			
Address 1	State or Province	Zip	Address 1	(optional)	State or Province	Zip	
Address 1 Address 2 (optional) City Country	State or Province	Zip	Address 1	(optional)	State or Province	Zip	
Address 1 Address 2 (optional) City Country		Zip	Address 1 Address 2 City	(optional)		Zip	
Address 1 Address 2 (optional) City Country		Zip	Address 1 Address 2 City Country	(optional)		Zip	
Address 1 Address 2 (optional) City Country		Zip	Address 1 Address 2 City Country	(optional)		Zip	
Address 1 Address 2 (optional) City Country 7.		Zip	Address 1 Address 2 City Country 8.	(optional)		Zip	
Address 1 Address 2 (optional) City Country 7.		Zip	Address 1 Address 2 City Country 8.	(optional)		Zip	
Address 1 Address 2 (optional) City Country 7.		Zip	Address 1 Address 2 City Country 8.	(optional)		Zip	
Address 1 Address 2 (optional) City Country 7. Name Address 1		Zip	Address 1 Address 2 City Country 8. Name			Zip	
Address 1 Address 2 (optional) City Country 7.		Zip	Address 1 Address 2 City Country 8.			Zip	
Address 1 Address 2 (optional) City Country 7. Name Address 1 Address 2 (optional)	Province		Address 1 Address 2 City Country 8. Name Address 1 Address 2		Province	Zip	
Address 1 Address 2 (optional) City Country 7. Name Address 1		Zip	Address 1 Address 2 City Country 8. Name			Zip	

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STATUTORY AGENT ACCEPTANCE

	Please	e reau	Instructions MUU21						
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation): Sears Canada, LLC								
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). NOTE - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:								
	Bradley P. Miller								
3.	STATUTORY AGENT SIGNATURE:								
	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory								
	The person signing below declares and cer contained within this document together w submitted in compliance with Arizona law.	tifies o	under penalty of peri	ury that the informe and correct, and	nation is				
	The second secon		,						
	$\sim \sim \sim \sim$	مالہ ما	D M:11						
Sig		Printed Nar	y P. Miller		04/25/2017 Date				
	QUIRED - check only one:								
	Individual as statutory agent: I am signing on behalf of myself as the individu (natural person) named as statutory agent		behalf of the enti	ory agent: I am s ty named as statut zed to act for that	ory agent,				
Ex	ng Fee: none (regular processing) pedited processing – not applicable. fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation Co 1300 W. Washington S 602-542-4100	mmission - Corporate F t., Phoenix, Arizona 85	Filings Section 6007				

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