







For Office Use Only

-FILED-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Dadescriptions below) | ay Service (see | Standard (filing fee \$100) | |
|---|-----------------|---|-----------------|
| 1. Limited Liability Company Name | | Livette d Liebilla Occurrence | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | R&R Solutions, LLC | |
| 2. The complete street address of the principal office is: | | | |
| Principal Office Address | | RICK ROBINSON 836 E. ASHBOURNE LANE EAGLE, ID 83616 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | RICK ROBINSON 836 E ASHBOURNE LANE EAGLE, ID 83616 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | rick Alan robinson Physical Address: | |
| | | RICK ROBINSON | |
| | | 836 E. ASHBOURNE LANE | |
| | | EAGLE, ID 83616 | |
| | | Mailing Address: | |
| | | RICK ROBINSON 836 E ASHBOURNE LANE | |
| | | EAGLE, ID 83616 | |
| I affirm that the registered agent appointed. 5. Governors | ed has consente | d to serve as registered agent fo | or this entity. |
| Name | | Address | |
| rick Alan robinson | 836 E. ASHE | RICK ROBINSON 836 E. ASHBOURNE LANE EAGLE, ID 83616 | |
| | | | |
| Signature of Organizer: | | | |
| Rick Alan Robinson | | | 08/15/2023 |
| Sign Here | | | Date |