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To:

Division of Corporations

Fay Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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MERGER OR SHARE EXCHANGE

Solstice Administration Services, Inc.

Certificate of Status	Ū
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Page Count	04
Estimated Charge	\$78.75

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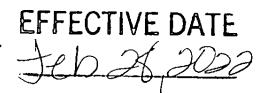
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ARTICLES OF MERGER



The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving entity:

Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/applicable)
Solstice Administration Services, Inc.	FL	Corporation	P12000059862
SECOND: The name and jurisdiction of each	merging eligible	entity:	
<u>Name</u>	Jurisdiction	Entity Type	Document Number
Solstice Healthplans of Tennessee, Inc.	TN	Corporation	(If known/ applicable)
			SEC. TA
			AAA 5
			SSEE
THIRD: The merger was approved by each dome	stic merging corpor	ation in accordance w	四 四 1 ith s.607.1101(1 月 6), F.S., and

by the organic law governing the other parties to the merger.

∡ To: +18506176380 Page: 4 of 5 2022-02-14 16:43:43 CST 12122023573 From: Lexus Wingo

FOUR'	TH: Please check one of the boxes that apply to surviving entity:
Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
₽	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
0	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFTH</u>	Please check one of the boxes that apply to domestic corporations:
	The plan of merger was approved by the shareholders and each separate voting group as required.
7	The plan of merger did not require approval by the shareholders.
<u>SIXTH</u>	Please check box below if applicable to foreign corporations
Ø	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
<u>SEVE!</u>	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
☑	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

EIGHTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

February 28, 2022

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Name of Entity/Organization: Solstice Administration Services, Inc.	Signature(s):	Typed or Printed Name of Individual: Heather A. Lang, Assistant Secretary
Solstice Healthplans of Tennessee, Inc.		Heather A. Lang, Assistant Secretary

Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

General partnerships: Signature of a general partner or aut Florida Limited Partnerships: Signatures of all general partners

Florida Limited Partnerships: Signatures of all general partners
Non-Florida Limited Partnerships: Signature of a general partner
Limited Liability Companies: Signature of an authorized person