P12000059862

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
APR 14 2025				

Office Use Only



900443781659

2025 MPR 11 PH 2: 03

PILED 2025 AFRIL AM 9:42

CT CORP

· · · · ·

Date:

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#I20160000072

04/11/2025

a: DW

Document #: Order #: 16260788 Certified Copy of Arts							
Order #: 16260788 Certified Copy of Arts	Name:	Sols	Solstice Administration Services, Inc.				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Certified: Plain: Plain: Plain: COGS: Email Address for Annual Report Notifications: Availability Document Examiner Updater Verifier Verifier	Document #:						
& Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Certification: Country of Destination: Number of Certs: Filing: Plain: COGS: Email Address for Annual Report Notifications: COGS: Availability Document Examiner Updater Verifier Verifier	Order #:	162	16260788				
& Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Certified: Number of Certs: Filing: Certified: Plain: COGS: Email Address for Annual Report Notifications: COGS: Availability Document Examiner Updater Verifier Verifier							
Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Country of Destination: Number of Certs:	Certified Copy of Arts & Amend:						
Standing: Certified Copy of Apostille/Notarial Certification: Certified: Number of Certs: Filing: Plain: COUNTRY of Destination: Number of Certs: Email Address for Annual Report Notifications: Plain: COGS: Availability Document Examiner Updater Verifier Verifier	Plain Copy:						
Apostille/Notarial Certification: Country of Destination: Number of Certs:							
Certification: Number of Certs: Email Address for Annual Report Notifications: Plain: COGS: Availability Document Examiner Updater Verifier	Certified Copy of						
Filing: Certified: Email Address for Annual Report Notifications: Plain: COGS: Email Address for Annual Report Notifications: Availability Document Examiner Updater Verifier	· '			C	ountry of Destination:		
Plain:				N	umber of Certs:		
Plain:				_		1	
Availability Document	Filing: 🗸		Certified:]	Email Address for Annual Report Notificati	ons:
Availability Document			Plain:	\checkmark]		
Document Amount: \$ 70.00 Examiner Updater Verifier			COGS:]		
Document Amount: \$ 70.00 Examiner Updater Verifier						•	
Examiner Updater Verifier	Availability]				1	
Updater Verifier	Document		Amount: \$	}	70.00		
Verifier	Examiner				· · · · · · · · · · · · · · · · · · ·		
	Updater	1					
vv.r. vermer							
	Ref#						

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Solstice Administration Services, Inc.	
Name of Surviving E	ntity
The enclosed Articles of Merger and fee are submi	itted for filing.
Please return all correspondence concerning this n	natter to following:
Sara Buesgens	
Contact Person	
Solstice Administration Services, Inc.	
Firm/Company	
PO BOX 9472	
Address	
Minneapolis, MN 55440-9472	
City/State and Zip Code	
sara.buesgens@uhg.com	
E-mail address: (to be used for future annual report no	litication)
For further information concerning this matter, ple	rase call:
Sara Buesgens	763 361-9552 At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an	n additional copy of your document if a certified copy is requested)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF MERGER

FILED

2025 AFR 11 A州 9: 42
The following articles of merger are submitted in accordance with the Florida Business Corporation Act,

parameter to be a second control of the seco		* *	
FIRST: The name and jurisdiction of the su	rviving entity:		
Name	Jurisdiction	Entity Type	Document Number (If known/applicable)
Solstice Administration Services, Inc.	Florida	Corporation	12000059862
SECOND: The name and jurisdiction of ea	ch <u>merging</u> eligible	entity:	
Name	Jurisdiction	Entity Type	Document Number (If known/ applicable)
Solstice Administrators of North Carolina, Inc.	North Carolina	Corporation	N/A
			

THRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

FOURTH: Please check one of the boxes that apply to surviving entity:

- *| 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.
- 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.

FIFTH: 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.
- *I The plan of merger did not require approval by the shareholders.

SIXTH: Please check box below if applicable to foreign corporations

The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.

SEVENTH: 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 fithan 90 days after the date this docum	ling, the delayed effective date of ent is filed by the Florida Departi	the merger, which cannot be prior to nor more nent of State:
April 30, 2025		· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this bloc listed as the document's effective date	does not meet the applicable state on the Department of State's rec	tutory filing requirements, this date will not be cords.
NINTH: Signature(s) for Each Party		Typed or Printed
Name of Entity/Organization:	Signature(s):	Name of Individual:
Solstice Administration Services, Inc.	72	Heather Lang, Asst. Secretary
Solstice Administrators of North Carolin	a. Inc.	Heather Lang, Asst. Secretary
	 	
Corporations:	Chairman, Vice Chairman, Pr	
General partnerships:	(If no directors selected, signal Signature of a general partner	
Florida Limited Partnerships:	Signatures of all general partn	iers
Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general partner Signature of an authorized per	
mined intoling Companies.		

•