# P120000598102

(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 1 5 2025			

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2025 APR 14 PH 2: 04

### **CT CORP**

## (850) 656- 4724

### 3458 lakesore Drive Tallahassee, FL 32312

Da	ate: 04/14/2025	= 4:1 DW
	Acc#I2016000007	2
Name:	Solstice Administration Services	s, Inc.
Document #:		
Order #:	16262975	·
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination  Number of Certs:	
Filing:	Certified:	Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 78.75	

Thank you!

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Solstice Administration Services, Inc.	
Name of Surviving Entity	<del></del>
The enclosed Articles of Merger and fee are submitted f	for filing.
Please return all correspondence concerning this matter	to following:
Sara Buesgens	
Contact Person	
Solstice Administration Services, Inc.	
Firm/Company	<del></del>
PO BOX 9472	
Address	<del></del>
Minneapolis, MN 55440-9472	
City/State and Zip Code	<del>_</del>
sara.buesgens@uhg.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please ca	all:
Sara Buesgens	763 361-9552
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an additional)	ional copy of your document if a certified copy is requested)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF MERGER

2025 APR 14 AM 9: 45

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: Entity Type Document Number Jurisdiction <u>Name</u> (If known/applicable) Florida Corporation Solstice Administration Services, Inc. P12000059862 **SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity: Document Number **Jurisdiction** Entity Type Name (If known/applicable) Solstice of Minnesota, Inc. Minnesota Corporation N/A

**THIRD:** 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:

- \*I 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.

### **<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.
- \*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.

	ling, the delayed effective date of the merge ent is filed by the Florida Department of St	
	k does not meet the applicable statutory filing on the Department of State's records.	ng requirements, this date will not be
NINTH: Signature(s) for Each Party.  Name of Entity/Organization:  Solstice Administration Services, Inc.	Signature(s):	Typed or Printed Name of Individual: Heather Lang, Asst. Secretary
Solstice of Minnesota, Inc.	72	Heather Lang, Asst. Secretary
<del></del>		
<u></u>		
Corporations:  General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Chairman, Vice Chairman, President or (If no directors selected, signature of inc Signature of a general partner or authori Signatures of all general partners Signature of a general partner Signature of an authorized person	corporator.)

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