

**GABRIEL SOLER**  
 3450 NW 85TH CT APT 617  
 DORAL FL 33122-1954

**State of Oklahoma**

License No: 3003593583      Insurance Department      NPN: 20560290

**GABRIEL SOLER**

This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provisions of the Oklahoma Insurance code, and has

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	04/09/2025	04/09/2025	09/30/2026	Accident & Health or Sickness Life	04/09/2025 04/09/2025

In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and caused these letters to be made Patent.

*Glen Mulready*  
**Glen Mulready**  
 Insurance Commissioner  
 State of Oklahoma Insurance

This license shall continue in force until suspended, revoked or terminated.

**State of Oklahoma**

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This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provisions of the Oklahoma Insurance code, and has duly met all qualifications as provided by statute to act in the following capacity:

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
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