

**FILED**  
**Apr 23, 2024**  
**Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
THE OUELLETTE LAW FIRM, P.A.

SECOND: The document number of the corporation: P09000077136

THIRD: The file date of the articles of incorporation: September 15, 2009

**FOURTH:** None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

**SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: C WILLIAM OUELLETTE REGISTERED AGENT

---

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

THE OUELLETTE LAW FIRM, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

UNFORTUNATELY, IN JANUARY OF 2023 I EXPERIENCED A HEMORRHAGIC STROKE. I HAVE LOST MY SPEECH AND AM WEAK ON MY RIGHT SIDE. I CANNOT CONTINUE TO PRACTICE LAW OR MANAGE MY LAW FIRM.

Mailing address where claims can be sent:

151 E CENTRAL AVE  
LAKE WALES, FL 33853

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: C WILLIAM OUELLETTE

Electronic Signature of the Person Filing