P05000055372

(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:

Office Use Only

100391638441

2022 SEP 29 PM 9:35

Dissolution

SEP 1 4 2022

D CUSHING

July 25, 2022

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

I am writing to initiate dissolution of my husband's Profit Corporation due to his death on June 14, 2022. Please find enclosed the completed form requesting dissolution as well as an original copy of his death certificate.

Walter James McMullen was the sole agent/officer/employee of Four Corners Engineering, Inc., document number P05000055372. As his wife and executor of his will, I am requesting dissolution of the corporation. There are no outstanding debts or commitments.

Please feel free to contact me directly if there are any questions or additional information that is required.

Regards,

Mary Ann McMullen
130 Roberts Lane
Lenoir, NC 28645
(828) 729-9193

2022 JUL 29 AM 9:35

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Profit Corporation due to Death
Four Corners Engineering, Inc.

DOCUMENT NUMBER: P05000055372

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Ann McMullen (wife of deceased)
(Name of Contact Person)

(Firm/Company)

130 Roberts Lane
(Address)

Lenoir, NC 28645
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann McMullen (wife) (828) 729-9193
Karen (McMullen) Boehling (daughter) at (978) 886-2574
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☑ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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 DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Four Corners Engineering, Inc.

SECOND: The document number of the corporation (if known): P05000055372

THIRD: The file date of the articles of incorporation: 4/08/2005

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 to the shareholders, if shares were issued.

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

2022 JUL 29 PM 2:35

Signature: Mary Ann M'Mullen

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Mary Ann M'Mullen

(Typed or printed name of person signing)

Wife of Walter James M'Mullen

(Title of Person Signing)

Filing Fee: $35

CERTIFICATION OF VITAL RECORD - CALDWELL COUNTY, NC - REGISTER OF DEEDS

Death
505821

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

Book 109
Page 626

STATE FILE NO

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
Walter	James	McMullen	*****	*****
aka	aka	aka	aka	

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH	5. BIRTHPLACE (City/State or Foreign Country)	6. DATE OF DEATH
Male	78					JUN 16, 1943	Monroe, NY	June 14, 2022

7a. PLACE OF DEATH	7b. FACILITY NAME (If not institution, give street, number, city or town)
Inpatient	Caldwell Memorial Hospital - UNC Health

7c. COUNTY OF DEATH	8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)
Caldwell	Currently Married	Mary Ann Schoenberger

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. DECEDENT'S SOCIAL SECURITY NUMBER
Import-Export Tools	Owner/Operator	101-34-3476

12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. RESIDENCE-COUNTY	12c. RESIDENCE-CITY OR TOWN
North Caroline	Caldwell	Lenoir

12d. RESIDENCE-STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
130 Roberts Lane	Yes	28645	No

14. DECEDENT'S EDUCATION	15. DECEDENT OF HISPANIC ORIGIN?	16. DECEDENT'S RACE
Bachelor's degree	Not Spanish/Hispanic/Latino	White

17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)
Mortimer McMullen	Marie Mauer

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Mary Anne McMullen	Spouse	130 Roberts Lane, Lenoir, NC 28645

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
Cremation	Greer-McElveen Funeral Home & Crematory	Lenoir, North Carolina

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NO	21c. NAME OF EMBALMER	21d. LICENSE NO
James E. McElveen (Signature Authenticated)	FS1438		

22. NAME AND ADDRESS OF FUNERAL HOME
Greer-McElveen Funeral Home & Crematory, 725 Wilkesboro Blvd NE, Lenoir, NC 28645

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

		Approximate interval Onset to death for IMMEDIATE CAUSE
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Severe Sepsis with multiorgan failure	Days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of) b.	
	Due to (or as a consequence of) c.	
	Due to (or as a consequence of) d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	No	

25. MANNER OF DEATH	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. PREGNANCY STATUS, IF APPLIES
Natural	No	1656	No	Not Applicable

BURIAL/CREMATION PERMIT

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED	31a. DATE OF INJURY	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY	31e. IF TRANSPORTATION INJURY SPECIFY:

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER
I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER	33b. LICENSE NO	33c. DATE SIGNED
Deborah Deosa Holcomb, DO (Signature Authenticated)	200200676	06/21/2022

33d. NAME AND ADDRESS OF CERTIFIER	34. CASE ID NUMBER
Deborah Deosa Holcomb, 321 Mulberry St SW, Lenoir, NC 28645	8259768

35. SIGNATURE OF LOCAL REGISTRAR	36. LOCAL FILE DATE	37. DATE REGISTERED BY STATE
Jessica Watson (Signature Authenticated)	06/21/2022	06/21/2022

ITEM(S) AND DATE(S) CORRECTED/AMENDED

DHHS 1672
(REVISED 8/2014-2015)
N.C. VITAL RECORDS

Volume 109 Page 626

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

080785

Witness my hand and official seal this the 22ND day of JUNE 20 22

Wayne L. Rash
Register of Deeds
Caldwell County

By: Angela Rhoney
Deputy / Assistant Register of Deeds

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE