

P99000039055



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

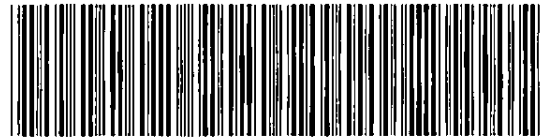
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/24--01022--025 **52.50

10/04/24 10:00 AM
10/04/24 10:00 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of W.F. McCain & Associates, Inc.

DOCUMENT NUMBER: P99000039055

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

Please return all correspondence concerning this matter to the following:

George A. Glenn Sr.

(Name of Contact Person)

Law Offices of Glenn & Glenn

(Firm/Company)

2165 15th Ave.

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

George A. Glenn Sr.

_____ at (772) 569-0442

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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 607.1403, 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:

W.F. MCCAIN & ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P99000039055

THIRD: The date dissolution was authorized: September 4, 2024

Effective date of dissolution if applicable: September 4, 2024

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

(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)

Jennifer Pratt

Sarah McCain

(Typed or printed name of person signing)

Joint Personal Representatives of the Estate of William Foster McCain, sole shareholder

(Title of person signing)

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: W.F. MCCAIN & ASSOCIATES, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

September 4, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name of person or legal entity with a claim, along with a mailing address and phone number.

The amount owed under the claim: Explanation of the services or items that created the claim.

The date that the services or items were tendered to the corporation subject to the claim.

Attach any contract, invoice, receipts and other documents that support the claim.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 8, Vero Beach, FL 32961-0008

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.

Jennifer Pratt & Sarah McCain, Co-Pers Reps of Est of Wm F. McCain

Printed Name of the Person Filing

Jennifer Pratt - Co-personal Rep.
Signature of the Person Filing
Sarah McCain Co-pers Rep

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00



Electronically Certified Court Record

This is to certify that this is a true and correct copy of the original document, which may have redactions as required by law.

DOCUMENT INFORMATION

Agency Name:	Indian River County Clerk of the Circuit Court and Comptroller
Clerk of the Circuit Court:	The Honorable Ryan L. Butler
Date Issued:	6/26/2024 3:53:13 PM
Unique Reference Number:	CAA-BAA-BCAGB-BIFBDAED-JOFHII-F
Case Number:	2024CP000655
Case Docket:	DEATH CERTIFICATE
Requesting Party Code:	100
Requesting Party Reference:	11673475

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable Ryan L. Butler, Indian River County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of Indian River County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <https://Verify.Clerkecertify.com/VerifyImage>.

**The web address shown above contains an embedded link to the verification page for this particular document.



STATE OF FLORIDA

BUREAU of VITAL STATISTICS

312024CP000655AXXXVB

AMENDED

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024050223

DATE ISSUED: APRIL 4, 2024

DECEDENT INFORMATION

DATE FILED: MARCH 21, 2024

NAME: WILLIAM FOSTER MCCAIN

DATE OF DEATH: MARCH 17, 2024

SEX: MALE

AGE: 065 YEARS

DATE OF BIRTH: JUNE 24, 1958

SSN: [REDACTED]

BIRTHPLACE: HAVRE DE GRACE, MARYLAND, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: MAYO CLINIC

LOCATION OF DEATH: JACKSONVILLE, DUVAL COUNTY, 32224

RESIDENCE: 1522 53RD AVENUE, VERO BEACH, FLORIDA 32966, UNITED STATES

COUNTY: INDIAN RIVER

OCCUPATION, INDUSTRY: CIVIL ENGINEER, ENVIRONMENTAL

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: CLAUDE NESBITT MCCAIN JR

MOTHER'S/PARENT'S NAME: MARY ANN MCCAIN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SARAH MCCAIN

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 6266 4TH LANE, VERO BEACH, FLORIDA 32968, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JOYCE W. WILLIAMS, F311941

FUNERAL FACILITY: AFFORDABLE CREMATION SOLUTIONS - JACKSONVILLE F068240

8560 ARLINGTON EXPRESSWAY STE 1, JACKSONVILLE, FLORIDA 32211

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: RIVER CITY CREMATORY
JACKSONVILLE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0524

DATE CERTIFIED: MARCH 20, 2024

CERTIFIER'S NAME: PHILIP EUGENE LOWMAN

CERTIFIER'S LICENSE NUMBER: ME109570

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

DATE AMENDED: 04/04/2024 ANY CERTIFICATION ISSUED PRIOR TO THE AMENDED DATE MAY BE NULL AND VOID.
The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

Philip Eugene Lowman

STATE REGISTRAR

REQ: 2026380658

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DM FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD

