Electronically Certified Official Record

DOCUMENT INFORMATION

Agency Name:	Columbia County Clerk of the Circuit Court and Comptroller
Clerk of the Circuit Court:	The Honorable James M. Swisher, Jr.
Date Issued:	7/16/2026 12:45:45 AM
Unique Reference Number:	BAA-DAAB-BCACD-CACGBCABEIAJ-HCAADG-J
Instrument Number:	202612014809
Requesting Party Code:	3001
Requesting Party Reference:	95D773CB-DE03-9FD5-301C-705933583D39-SF

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 James M. Swisher, Jr., Columbia 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 the Columbia 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.

Recording Stamp

TAX ID/PARCEL #:
26 - 3S - 16 - 02308 - 106

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvements will be made to certain realy property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT.**

1. **Description of property (legal description):** LOT 28 FAIRWAY VIEW UNIT 4.
   a. Street (job) Address: 132 NW BROOMSAGE CT. Lake City FL 32055
2. **General description of improvements:** 12x12 Shed built onsite
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
   a. Name and Address: SMITH LYNN STEPHEN & BETTY HARLENE 132 NW BROOMSAGE CT. Lake City FL 32055
   b. Name and Address of fee simple titleholder (if other than owner):
   c. Interest in property: Owner
4. **Contractor Information**
   a. Name and Address: Gary West Backyard Storage Solutions 1051 Monroe rd Sanford FL 32771
   b. Telephone #: 407-549-2627
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
   a. Name and Address:
   b. Amount of Bond:
   c. Telephone #:
6. **Lender**
   a. Name and Address:
   b. Telephone #:
7. **Person within the State of Florida designated by Owner upon whom notices, or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes**
   a. Name and Address:
   b. Telephone #:
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
   a. Name:
   b. Telephone #:
9. **Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified:**

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COLUMBIA COUNTY

X [signature] Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

X LYNN SMITH Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☒ physical presence or sworn to (or affirmed) by ☐ online notarization 8 (DATE) day of July (MONTH), (YEAR), by Lynn Smith (NAME OF PERSON)
as Owner (TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT) for (NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED)

Personally Known ____ OR Produced Identification X Type of ID Produced DL

SEAL/STAMP:

[signature] SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

Krystal Stonecipher PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

KRYSTAL ROSE STONECIPHER
Notary Public - State of Florida
Commission # HH 368841
My Comm. Expires Mar 28, 2027
Bonded through National Notary Assn.

Published 10/2025