

Permit No. _____
Tax Folio/Parcel ID: 19-45-17-08573-004
(31867)

Space above reserved for use of recording office

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby give notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street address: LOT 4 BLOCK 2 PINE KNOLL S/D ORB 413-642
421 SW Harmony Ln, Lake City FL 32025 636-137
2. Description of improvements: FOUNDATION REPAIR
3. Owner information
 - a. Name and address: Sue Lane 421 SW Harmony Lane Lake City, FL 32025
 - b. Phone number: 386-365-8045
 - c. Name and address of fee simple titleholder (if other than owner): _____
4. Contractor:
 - a. Name and address: ALPHA FOUNDATIONS 55 N INDUSTRIAL LOOP, ORANGE PARK, FL 32073
 - b. Phone Number: 904-478-8370
5. Surety:
 - a. Name, address and phone number: _____
 - b. Amount of bond \$ _____
6. Lender:
 - a. Name and address: _____
 - b. Phone number: _____
7. Name, address and phone number of Persons within the State of Florida whom notices or other documents may be served as provided by F.S. §713.13(1)(a)7: _____
8. Name, address and phone number of Persons designated by the Owner to receive a copy of the Lienor's Notice as provided in F.S. §713.13 (1)(b): _____
9. This Notice shall expire within 1 year of the recorded date 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 FLORIDA STATUTES, CHAPTER 713 AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE 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.

X Sue D Lane
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Sue D. Lane Owner
Printed Name Title/Office

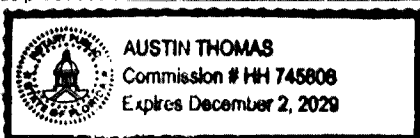
Under penalties of perjury, pursuant to F.S. § 92.525, I declare that I have read the foregoing and that the facts stated therein are true to the best of my knowledge and belief.

STATE OF FLORIDA

COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 5 day of May, 2026 by Sue Lane (name of person) as
Owner (type of authority: e.g., officer, trustee, attorney-in-fact) for

421 SW Harmony Lane (name of party on behalf of whom instrument was executed), who is personally known to me or who
has produced a Drivers License as identification.



[Signature]
Signature of Notary

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X Sue D Lane
Signature of Natural Person Signing Above