

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We) LEXINGTON ESTATES, LLC
owner of the below described property:

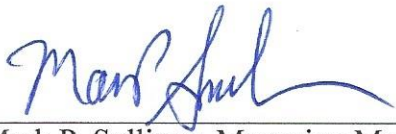
Tax Parcel No: North LOT #99 of Tax Parcel 01219-000 (excluding Lot 97)

Subdivision (name, lot, block, phase) LOT 99 UNIT 19 THREE RIVERS ESTATES. TD
1284-2407, QT 1294-1968, QT 1295-1720, (EXCLUDING LOT 97)

Give my permission to Amanda Wood to place a
mobile home/single family home (circle one) on the
above-mentioned property.

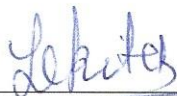
I authorize her to pull all necessary permits for well, septic and electric.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.



Mark P. Sullivan, Managing Member
LEXINGTON ESTATES, LLC - Owner

SWORN AND SUBSCRIBED before me this 28 day of August
20 21. This (these) person(s) are personally known to me or produced
ID



Notary Signature



Lokita Chaudhari
Notary Public
State of Florida
Comm# HH037833
Expires 8/31/2024

Lease for Manufactured Home Lot

This lease made effective on the 25th day of April, 2020, between
Lexington Estates, LLC, herein called Owner, and
Amanda Wood, herein called
Tenant, provides as follows:

Owner hereby leases to tenant, the property known as:

Lot 99 Unit 19 Three Rivers Estates
in
Columbia county, This lot is for use as a private residence only for
the manufactured home described as:

Make/Model: _____ Year: _____ Serial No: _____

The lease term shall begin 4-25 2020, and
end N/A 20 _____. This lease will automatically renew for same term
unless written notice is received thirty (30) days prior to expiration of the lease.

Tenant shall pay as rent the sum of \$ 208.00 per month due and payable by the
25th day of each month. If not received by the 30th of each month
a late fee of 25.00 will be charged.

Owner(s):

[Signature]
Signature _____ Date _____

[Signature] 8-24-21
Signature _____ Date _____

Phone No: 352-215-1018
(required)

Tenant(s):

[Signature]
Signature _____ Date _____

Signature _____ Date _____

Phone No: _____