Inst. Number: 202212006718 Book: 1463 Page: 2035 Page 1 of 1 Date: 4/6/2022 Time: 3:56 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00 NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number: 12-35-15-00167-023 THE UNDERSIGNED hereby gives notice that improvements will be made to certain real 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): A 2. General description of improvements: b) Name and address of fee simple titleholder (if other than owner) c) interest in property 4. Contractor information a) Name and address: FNERQU Kichna 5. Surety information (if applicable, a copy of the payment bond is attached): a) Name and address: __ b) Amount of Bond: __ c) Telephone No.: 6. Lender a) Name and address: ___ 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 No.: 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(I)(b), Florida Statutes: a) Name: ___ b) Telephone No.: ____ 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 JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager William W. Hill
Printed Name and Signatory's Title/Office The foregoing instrument was acknowledged before me, a Florida Notary, this 17 14 day of March 20 22 by: (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ____ OR Produced Identification ____ Type ______

JENA S. VERCHER
Commission # HH 188499
Expires December 3, 2025
Bonded Thru Troy Fain Insurance 800-385-7019