Inst. Number: 201412005669 Book: 1273 Page: 29 Date: 4/17/2014 Time: 2:14:04 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number (72-65-15-60504-112)	\$1201412005669 Date.4/17/2014 Time.2 14 PM DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1273 P:29
IH 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 .	
a) Street (job) Address 725 Six Mary Ann Glen, Ft. White H 3 2058 2 General description of improvements Metal Building	
(3) Owner Information a) Name and address b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4) Contractor Information a) Name and address b) Telephone No 386-867-4754 Fax No (Opt) 5 Surety Information	
a) Name and address	Fax No(Opt)
a) Name and address b) Phone No 7 Identity of persor within the State of Florida designated by owner upon whom notices or other documents may be served	
a) Name and address b) Telephone No	Fax No (Opt)
8 In addition to himself, owner designates the followin 7 3 13(I)(b) Florida Statutes	g person to receive a copy of the Lienor's Notice as provided in Section Fax No (Opt)
9 Expiration date of Notice of Commencement (the expiration date is one 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 10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Printed Name	
The foregoing instrument was acknowledged before me, a Florida Notary, this 10 day of 10, 20 14, by David WcCarty as 0 www (type of authority, e.g. officer, trustee, attorney)	
fact) for	
Personally Known OR Produced Identification Type Cubl	
<i>2</i> 3 1	Notary Stamp or Seal Notary Stamp or Seal MY COMMISSION # EE 214728 EXPIRES. July 14, 2016 Bonded Thru Notary Public Underwriters