Inst. Number: 202212002411 Book: 1458 Page: 2076 Page 1 of 1 Date: 2/8/2022 Time: 9:07 AM 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
Tou Board Identification	
Tax Parcel Identification Number:	
24-65-16-03934-008 (20336)	
of the Florida Statutes, the following information is pro-	\
1. Description of property (legal description): 24-6 a) Street (job) Address: 12/5 5W Cu 2. General description of improvements: Metal	5-16-03934-008 (20336) morph Hill St. Ft. White 32038
b) Name and address of fee simple titleholder c) Interest in property () いんぐ	
4. Contractor Information a) Name and address: Nicholas Ca b) Telephone No.: 386-205-3865	irlucci 268 Se Press Ruth Dr. Lake City 32025
5. Surety Information (if applicable, a copy of the payme a) Name and address: A//1 b) Amount of Bond:	
c) Tolophone No.	
a) Name and address: 4//4	
b) Phone No	er upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	·
a) Name and address: 4//4 b) Telephone No.:	
Section 713.13(Wb), Florida Statutes: a) Name: ///	e following person to receive a copy of the Lienor's Notice as provided in OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from the date of recording unless a different date
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 Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Prin	Micholas Carlucci nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, Nicholus Carlucci as Contra (Name of Person) (Type of Auth	
Personally Known OR Produced Identification Notary Signature	Type DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance