THIS INSTRUMENT PREPARED BY: Name: Power Production Management	
Address: 625 NW 8th Ave, Gainesville, FL 32601	
NOTICE OF COMMENCEMEN	Page 1 of 1 B: 1441 P: 1540, James M Swisher Jr, Clerk of C Columbia, County, By: BR
Parcel ID Number: 34-4S-17-08968-000 (33045)	Deputy Clerk
The undersigned hereby gives notice that improvement will be made to certa following information is provided in this Notice of Commencement.	in real property, and in accordance with Chapter 713, Florida Statutes, the
 DESCRIPTION OF PROPERTY: (Legal description of the property and street). 421 SE Alfred Markham Street, Lake City, FL, 32025 	OR POB, RUN W 405 FT, N 812.53 FT, E 404.53 FT, S 809
 GENERAL DESCRIPTION OF IMPROVEMENT: Installation and interconnection of a ground mounted solar PV system. Installation of battery storage systems. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT: Name and address: Bill Jones, 421 SE Alfred Markham Street, Lake City, FL, 32025 	
Interest in property:	Edito Gity, FE, OEOEO
Fee Simple Title Holder (if other than owner listed above) Name:	
Address:	
I. CONTRACTOR: Name: Power Production Management, Inc.	Phone Number: (866) 828-3337
Address: 625 NW 8th Ave, Galnesville, FL, 32601	Thorotomosi. <u>Terey eller soor</u>
	ne:
Address:	
	Phone Number:
Address:	·
 Persons within the State of Florida Designated by Owner upon whom 713.13(1)(a)7., Florida Statutes. 	
	Phone Number:
Address:	
3. In addition, Owner designates	0t,
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b)	
Expiration Date of Notice of Commencement (The expiration is 1 year from	n date of recording unless a different date is specified)
MARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBT	SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR E OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE AIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY
Welle / _	William S. Johns
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)	(<u>PrintName</u> and Provide Signatory's Title/Office)
state of Plovida county of Columbia	
The foregoing instrument was acknowledged before me this	day of <u>JUIY</u>
by William S. Johns Name of person making statement	. Who is personally known to me 🗆 OR
who has produced identification of type of identification produced:	DL #J520-937-59-051-0
TARIA EANN JOHNSON	ari Learn Johnson

Notary Public - State of Florida
Commission # GG 922502
My Comm. Expires Feb 10, 2024
Bonded through National Notary Assn.

Notary Signature