

## **Electronically Certified Official Record**

## **DOCUMENT INFORMATION**

Agency Name: Columbia County Clerk of the Circuit Court and

Comptroller

**Clerk of the Circuit Court:** The Honorable James M. Swisher, Jr.

**Date Issued:** 1/23/2025 8:30:14 AM

Unique Reference Number: BAA-DAAB-BCACD-CACFBCAABCHE-EEDHCG-F

Instrument Number: 202512001274

Requesting Party Code: 3001

Requesting Party

1BAFFE6C-874F-C007-2229-ED07005416E2-SF

## **CERTIFICATION**

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

## **HOW TO VERIFY THIS DOCUMENT**

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <a href="https://verify.clerkecertify.com/verifylmage">https://verify.clerkecertify.com/verifylmage</a>.

\*\*The web address shown above contains an embedded link to the verification page for this particular document.



NOTICE OF COMMENCEMENT	Cler	k's Office Stamp
Tax Parcel Identification Number:		
34-4\$-17-08974-000 (33054)		
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	uided in this NOTICE OF COMMENCE	MENT
1. Description of property (legal description): 1335-775.	400 FT, N 341.32 FT TO POB, EX 1 AC IN NW CO	OR DESC ORB 971-4. (BEING IN SE1/4 OF NW1/4), 771-1686, DC 1395-20
a) Street (job) Address: 310 SE ALERED 1 2. General description of improvements: RE-R		
<ol> <li>Owner information or Lessee Information if the Lesse</li> <li>Name and address: LANE ERNEST</li> </ol>	e contracted for the Improvements:	AVE CITY
b) Name and address of fee simple titleholde	(if other than owner) NA	ANECIT
c) Interest in property		
4. Contractor Information a) Name and address: J & M RESIDEN	ITIAL SERVICES, LLC	6020 PARKWAY DR N #500
b) Telephone No.: (904) 337-0509		CUMMING, GA 30040
5. Surety Information (if applicable, a copy of the paym		_
a) Name and address: N/A		
b) Amount of Bond: N/A		
c) Telephone No.: N/A 6. Lender		<del>-</del>
a) Name and address: N/A		
b) Phone No. N/A		
<ol><li>Person within the State of Florida designated by Own</li></ol>	ner upon whom notices or other docu	ments may be served as provided by Section
713.13(1)(a)7., Florida Statutes:  a) Name and address: N/A		
a) Name and address: N/A b) Telephone No.: N/A	- <u> </u>	
a) Name: N/A b) Telephone No.: N/A	of <u>N/A</u>	<del></del>
Expiration date of Notice of Commencement (the exits specified):	piration date will be 1 year from the	date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MA COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YONOTICE OF COMMENCEMENT MUST BE RECINSPECTION. IF YOU INTEND TO OBTAIN FIN COMMENCING WORK OR RECORDING YOU!	IPER PAYMENTS UNDER CHAPT BUR PAYING TWICE FOR IMPRO ORDED AND POSTED ON THE J ANCING, CONSULT YOUR LEND	IER 713, PART I, SECTION 713.13, DVEMENTS TO YOUR PROPERTY; A OB SITE BEFORE THE FIRST DER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	9 100	1-10
COUNTY OF COLUMBIA 10	unua o	TO Y LIKE
Signature of Ov	vner or Lessee, or Owner's or Lessee's	Authorized Office/Director/Partner/Manager
_	owner	
	Printed Name and Signatory's Title/Of	ffice
	F	
The foregoing instrument was acknowledged before mo	e, by means of Log physical presence	oronline notarization, a Florida Notary,
4		as Homeowner
this 0 day of bunuary 202	5 by: Frnest Lane (Name of Person)	(Type of Authority)
	•	
for Taylor Albright	who is personally known	DR produced identification
(name of party on behalf of whom instrument was	sxecuted) Tvr	pe IDDRIVER'S LICENSE
	• • •	
		And the state of t
Notary Signature	My Com	ON ALBRIGHT blo-State of Florida slon # HH 459376 mission Expires wary 04 2028

