

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: 8/30/2024 12:00:12 PM

Unique Reference Number: BAA-DAAB-BCACD-CACEBCABIHJG-DIDAEC-F

Instrument Number: 202412018796

Requesting Party Code: 3001

Requesting Party

2E5FE4BF-2084-AC21-DA5B-6B9F436B12F4-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

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



Docusign Envelope ID: 5AC32CD2-93E9-4844-9815-FC025828E8A3 NOTICE OF COMMENCEMENT Clerk's Office Stamp **Tax Parcel Identification Number:** 03-45-17-07591-105(28252) 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): LOFS BIKA SMITHDELECTES TO ATCS SIDANS-1776, 996-1656, WINICH3-61

a) Street (job) Address: WD 1242-2181 NO 1395-1426 WD 1441-752 162 SE Megan GLN LOXE CITY R 3 2025

2. General description of improvements: PEROOF 3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: <u>GUHIETTE 7, DIQZ 162 SE MEGGA GUN LOCKE CLHGFL 32025</u>

b) Name and address of fee simple titleholder (if other than owner) NA nwner a) Name and address: HMBPSYCANHOLS VCSUCIO20 parrux 4Dr. N. Stescon mming AA 30010 b) Telephone No.: 91013370509 4. Contractor Information 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: Phone No. NA 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.: NA 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): NIVA <u>WARNING TO OWNER</u>: 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 OWART OF LESSEE, or Owner's or Lessee's Authorized Office/Director/Partner/Manager OWNER Printed Name and Signatory's Title/Office The foregoing instrument was acknowledged before me, a Florida Notary, this <u>28</u> day of <u>AUQUS †</u> Taylor Albright Diaz Gutierrez as owner (name of party on behalf of whom instrument was executed) (Type of Authority) (Name of Person) OR Produced Identification V Type DL Personally Known



Notary Stamp or Spaling

JAYSON ALBRIGHT Notary Public-State of Florida Commission & HH 459379 My Commission Expires February 04, 2028

Notary Signature