EXPIRES: October 18, 2026

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202412018312 Date: 08/26/2024 Time: 1:47PM
Page 1 of 1 B: 1521 P: 2733, James M Swisher Jr, Clerk of Court
Columbia, County, By: OA Deputy Clerk

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): 21-25-17504756-004 a) Street (job) Address: 571 NE Frees GIN 2a kg CIty FI 92055
2. General description of improvements: 10 000
3. Owner Information or Lessee information if the Lessee dentracted for the improvements:
a) Name and address: 0110 gm 5m th b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property 4. Contractor Information
a) Name and address: OWNLY
b) Telephone No.: 5. Surety Information (if applicable, a copy of the payment bond is attached):
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
c) Telephone No.:
6. Lender .
a) Name and address:
 b) Phone No
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:OF b) Telephone No.:
o) receptione No.:
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):
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 (g)
COUNTY OF COLUMBIA 10.
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
William In the
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this 20 day of August 20 24 by:
William Smith as Self for N/A
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification Type FC DC
Notary Signature Notary Stamp or Seal: EMALEIGH WARD MY COMMISSION # HH 525762