Inst. Number: 202112013045 Book: 1441 Page: 905 Page 1 of 1 Date: 7/1/2021 Time: 8:43 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
Tax Parcel Identification Number:	
34-35-16-02498-001	
	ents will be made to certain real property, and in accordance with Section 713.13 ovided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): a) Street (job) Address:	us Highway 99 cake City, FC 32025 nyeroial Re-Roof
2. General description of improvements.	the stand for the improvements:
3. Owner Information or Lessee information if the Less a) Name and address: American San b) Name and address of fee simple titleholder	the shorther owner) Acting Patel Hothman Estables,
c) Interest in property	all all time
4. Contractor Information a) Name and address: Masking Co	nent bond is attached):
b) Telephone No.: 277201800 5. Surety Information (if applicable, a copy of the payr	nent bond is attached):
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
a) Name and address:	
	wner upon whom notices or other documents may be served as provided by Section
man and all all and a Statutos:	
a) Name and address:	
b) Telephone No.:	
	the following person to receive a copy of the Lienor's Notice as provided in
8. In addition to himself or herself, Owner designates Section 713.13(I)(b), Florida Statutes:	the following person to receive a sopy as and
a) Name:	OF
b) Telephone No.:	OF
9. Expiration date of Notice of Commencement (the sis specified):	expiration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MACOMMENCEMENT ARE CONSIDERED IMPR FLORIDA STATUTES, AND CAN RESULT IN Y	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INANCING. CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COUNTY OF COLUMBIA 10.	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Particle/Wallage.
	Manager
	Printed Name and Signatory's Title/Office
	Timed name and observe,
The foregoing instrument was acknowledged before	me, by means of physical presence or online notarization, a Florida Notary,
gand Too.	21 hr Nesta Borot as manager
this day of June 20	(Name of Person) (Type of Authority)
for Weekley Inn Inc. (name of party on behalf of whom instrument w	2(by: Nexter Barot as manager (Type of Authority) who is personally known OR produced identification (Type IP)
, , .	Type ID ONE DOROTHY L SPENCER
Notary Signature Lowelky L. Sp	Notary Public - State of Florida Commission # GG 366233 My Comm. Expires Dec 10, 2023 Bonded through National Notary Assn.