NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

31 55 1603744-406

Clerk's Office Stamp

Inst: 202512011545 Date: 05/20/2025 Time: 12:29PM
Page 1 of 1 B: 1540 P: 1907, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

Expires December 22, 2028

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): Wart Land Late Rice Toyest WINRE C a) Street (Job) Address: Storage Barn 2. General description of improvements: Storage Barn
a) Name and address: Scike Ripe 318 Holston Rive for the improvements: b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property Owner 4. Contractor information a) Name and address: Owner Busher Brian Page 318 Holstein fle for White, SI 37038 b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address:
b) Amount of Bond:
6. Lender a) Name and address:
b) Phone 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
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 COUNTY OF COLUMBIA 10. The Payrice
COUNTY OF COLUMBIA 10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Parther/Manager
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this 20 hd day of 20, by:
Name of Person) (Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification X Type FL OL
MAY PUR. AMMERICA
Notary Signature CLA Complesion # HH 586100