Inst. Number: 202112013544 Book: 1441 Page: 2295 Page 1 of 1 Date: 7/8/2021 Time: 3:39 PM 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	Cierk's Office Stamp
Tax Parcel Identification Number:	
13-48-17-98556-000	
of the Florida Statutes, the following information is pro	IN CORIOESEC, DUNIE 23.04 ET TO E DAM ADDOMHEAD RD FOR POR RUN NIALONG R/W 699.17 F 1.0
1. Description of property (legal description): $= 629.62$	FT TO W R/W I-75, SE ALONG R/W 792.26 FT, W 987.63 FT TO POB. ORB 633-629, 633-639, 664-2009, 20
a) Street (job) Address: 383 SW ARROWHEAD TER	LAKE CCTY, FL 32024
2. General description of improvements: WALL SIGNS	
3. Owner Information or Lessee Information if the Lesse a) Name and address: IMOBS 8P INC : 417 EDGENO b) Name and address of fee simple titleholder	
c) Interest in property	
4. Contractor Information	
b) Telephone No.: _907-268-4661	MARBINGER SIGN 5500 SHADIRD, JACKSONVILLE, FL 52257
5. Surety Information (if applicable, a copy of the paym	
Name and address; Amount of Bood:	
c) Telephone No.:	
6. Lender	
b) Phone No	
	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
b) Telephone No.:	
Section 712 12(I)(b) Elevida Statutos:	he following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exis specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YOUNGTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10	le Breaks
	wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Steve Bacalis Owner Printed Name and Signatory's Title/Office
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	e, by means of Uphysical presence or online notarization, a Fiorida Notary,
	(Name of Person) as Notes. (Type of Authority)
Showing Runga O.S	(Name of Person) (Type of Authority)
(name of party on behalf of whom instrument was	who is personally known OR produced identification executed)
. , ,	Type ID

Notary Signature Marce 1 Jan	1 S W (Notary Stamp or Seal A Marcie Diane Tosh