

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: 9/12/2024 10:15:13 AM

Unique Reference Number: BAA-DAAB-BCACD-CACEBCABJGIE-DIHHDC-E

Instrument Number: 202412019684

Requesting Party Code: 3001

Requesting Party

84DAF18C-DE06-D8A7-A63D-686570CE884C-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

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting https://verify.clerkecertify.com/verifylmage.

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



NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
	·
03-415-17-07562-000(28051)	
of the Florida Statutes, the following information is pro	
a) Street (job) Address: UC 1946 198 WD	-8 DOKHINES hates Replictant hit contains 2016962-1998 DC 1275-537 1447-1679 MD 1478-321, 595 SE Olustee AVC
2. General description of improvements:	
3. Owner Information or Lessee information if the Lesse a) Name and address: <u>ドロハイドットリンプカ</u> b) Name and address of fee simple titleholder c) Interest in property <u> </u>	re contracted for the improvements: 10165 595 5E 014 Stee Ave Late (144 FL 32025 1017 other than owner) NA
4. Contractor Information a) Name and address: HMR Sicken b) Telephone No.: 9104357050	Galsvislicionapark word Dr. N. STESCOCUMMINGGA
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
a) Name and address: Name and	NA
c) Telephone No.:	NA
6. Lender a) Name and address:	JA
b) Phone No.	NA
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
8. In addition to himself or herself, Owner designates th Section 713.13(I)(b), Florida Statutes: a) Name: NA b) Telephone No.:	e following person to receive a copy of the Lienor's Notice as provided in
9. Expiration date of Notice of Commencement (the exp	olration date will be 1 year from the date of recording unless a different date
is specified):	NA
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIEDD AND POSTED ON THE JOB SITE BEFORE THE FIRST LNCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	118
COUNTY OF COLUMBIA 10.	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	<u>OWNer</u>
P	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	by means of physical presence or online notarization, a Florida Notary,
this 9 day of Scotember 20 20	1 by: hme Blankenship as More (Type of Authority)
on Taylor Albright	who is personally known OR produced identification
(name of party on behalf of whom instrument was ex	
	Type ID
Notary Signature	(Notary Stamp or Seal) JAYSON ALBRIGHT Notary Public-State of Florid I
	Commission & HH 459379 My Commission Expires February 04, 2028

