NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10-65-16-03813-001

Clerk's Office Stamp

Inst: 202112016370 Date: 08/16/2021 Time: 12:20PM

Page 1 of 1 B: 1444 P: 2595, James M Swisher Jr, Clerk of Court

Columbia, County, By: VC

Deputy Clerk

| 10-03813-001 | | Deputy Clerk | | |
|--|---|--|-------------------------------------|--------|
| THE UNDERSIGNED hereby gives notice to of the Florida Statutes, the following info | that improvements will be mormation is provided in this | nade to certain real property, a | nd in accordance with Section 713. | 13 |
| 1. Description of property (legal description a) Street (job) Address: | tion): 10-65-16-0 179 SH SR4 | 3813-001 7 Et White El | 72037 | |
| 2. General description of improvements | : hew roof | | | - |
| 3. Owner Information or Lessee information a) Name and address: Wall | ter Enman POB | ox 45 Ft White | 32038 | |
| b) Name and address of fee si | mple titleholder (if other tha | n owner)N/t | | |
| c) Interest in property <u>OUT</u> 4. Contractor Information | | | | |
| a) Name and address: Ocle | SRooting & Consti | LLC505 GoldKISt | Plud Live Oak Fl. | £ 20 C |
| 5. Surety Information (if applicable, a co | opy of the payment bond is a | ittached): | | |
| a) Name and address: | A// | | | |
| b) Amount of Bond: c) Telephone No.: | - / W/ | | | |
| 6. Lender | | | | |
| a) Name and address: | - AM | | | |
| b) Phone No. | | | - may he served as provided by Sec | tion |
| 7. Person within the State of Florida de | | om notices or other accument | sindy de serveu as provides ey see | |
| a) Name and address: | es: | | | |
| b) Telephone No.: | 11// | | | |
| | | | | |
| 8. In addition to himself or herself, Ow | mer designates the following | person to receive a copy of the | Lienor's Notice as provided in | |
| Section 713.13(I)(b), Florida | 0 | F | | |
| a) Name: b) Telephone No.: | 1 11/ | | | |
| | | | e | |
| 9. Expiration date of Notice of Comme is specified): 12-1-2 | 021 | | | |
| WARNING TO OWNER: ANY PARCOMMENCEMENT ARE CONSIL FLORIDA STATUTES, AND CAN NOTICE OF COMMENCEMENT INSPECTION. IF YOU INTEND TO COMMENCING WORK OR RECO | RESULT IN YOUR PAYING. | IG TWICE FOR IMPROVED ND POSTED ON THE JOB CONSULT YOUR LENDER | MENTS TO YOUR PROPERTY; | A |
| STATE OF FLORIDA | 10 | | | |
| COUNTY OF COLUMBIA | Signature of Owner or Less | see, or Owner's or Lessee's Aut | horized Office/Director/Partner/Mar | lager |
| | Dho | 12 Osles Conti | marr | |
| | Printed Nam | e and Signatory's Title/Office | | |
| | | | | |
| The foregoing instrument was acknow | woodped before me, a Florida | Notary, this 10th day of | August 2021 | , by: |
| The foregoing instrument was acknown | Wiedged belove inc, by | | 50.00 | |
| Robert Ogles (Name of Person) | as OWN (Type of Authority) | for OCLUS (name of party on I | sehalf of whom instrument was exec | uted) |
| Personally Known X OR Produce | ed Identification Type. | | | |
| Personally known | | | ACULTY ! | TALEV |

ASHLEY K. STALEY

MY COMMISSION # GG 923118

EXPIRES: October 15, 2023

Bonded Thru Notary Public Underwriters

Notary Stamp or Seal: