Inst. Number: 202212016659 Book: 1474 Page: 199 Page 1 of 1 Date: 8/24/2022 Time: 2:55 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
of the Florida Statutes, the following information is prov	ints will be made to certain real property, and in accordance with Section 713.13 rided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 0 - 3 a) Street (job) Address: 1327 NW 2. General description of improvements: Meta	05-15-00134-002 (358) Ogden Leop, hake City 32055 Croof-over
3. Owner Information or Lessee information if the Lessee a) Name and address: Peggl Clan b) Name and address of fee simple titleholder c) Interest in property Owner	contracted for the improvements: ton 1327 NW Ogden Loop, Lake City 32055 (if other than owner)
4. Contractor Information a) Name and address: b) Telephone No.: 366-205-3865 5. Surety Information (if applicable, a copy of the payme a) Name and address: b) Amount of Bond:	nt bond is attached):
c) Telephone No.:	
7. Person within the State of Florida designated by Owner 713.13(1)(a)7., Florida Statutes: a) Name and address:	er upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.:	
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 Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Nicholas Carlucci / Contractor ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, Aicholas Carlucci as Control (Name of Person) (Type of Auth Personally Known X OR Produced Identification	ority) for
Notary Signature Dan J. Cal	DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance