NOTICE OF COMMENCEMENT Clerk's Office Stamp Inst: 202212004760 Date: 03/10/2022 Time: 1:41PM Tax Parcel Identification Number: Page 1 of 1 B: 1461 P: 1505, James M Swisher Jr, Clerk Columbia, County, By: SM Deputy Clerk 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): a) Street (job) Address: 1091 NW mershow 2. General description of improvements: b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Contractor Information a) Name and address: b) Telephone No.: 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond: c) Telephone No.: 6. Lender a) Name and address: b) Phone No. 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone 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: b) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration date will be 1 vear 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 Owner or Lessee, Qwner's or Lessee's Authorized Office/Director/Partner/Manager Printed Name and Signatory's Title/Office The foregoing instrument was acknowledged before me, a Florida Notary, this (name of party on behalf of whom instrument was executed) (Name of Person) (Type of Authority) Personally Known OR Produced Identification

Notary Signatura

NETTIE DAVIS
Commission # HH 026452
Expires August 5, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

Notary Stamp or Seal: