

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: 11/25/2024 10:45:23 AM

Unique Reference Number: BAA-DAAB-BCACD-CACEBCACFCBB-EBJBEG-D

Instrument Number: 202412025211

Requesting Party Code: 3001

Requesting Party

Reference: E8ABBA79-C0D5-CFBA-00E5-FADE3951A0E2-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/verifyImage.

**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:		
10-6S-16-03814-103		
THE UNDERSIGNED hereby gives notice that improvems of the Florida Statutes, the following information is pro-		
a) Street (job) Address: 232 SW JADE CT.		
2. General description of improvements: RE-ROOF		
3. Owner Information or Lessee information if the Lesse a) Name and address: <u>BARGAR CHARLES IC</u> b) Name and address of fee simple titleholder c) Interest in property OWNER	OHN II BARGAR CHUN CHA 232 SW JADE COURT FT WHITE, FL 32038	91,
4 Contractor Information	ROOFING PROS USA II 6650 SOUTH PINE AVE OCALA. FL 34480	
a) Name and address: RICHARD DORMAN/ b) Telephone No : 352-581-7333	HOOFING PROS USA II 6650 SOUTH PINEAVE COALS, PE 3460	
Surety Information (if applicable, a copy of the payment of t	ent bond is attached):	
a) Name and address: N/A		
b) Amount of Bond: N/A		
c) Telephone No.: N/A		
6. Lender a) Name and address: N/A		
b) Phone No. N/A		
	ner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Statutes:		
a) Name and address: N/A		
b) Telephone No.: N/A	And the second s	
9. In addition to himself as harrolf Owner designator th	he following nations are not ve a copy of the Lienor's Notice as provided in	
Section 713.13(I)(b), Florida Statutes:	ite fortowing to the copy of the section of the copy of the copy of the section of the copy of the section of the copy of the cop	
a) Name: N/A	OF N/A	
b) Telephone No.: N/A		
Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC INSPECTION. IF YOU INTEND TO OBTAIN FIN. COMMENCING WORK OR RECORDING YOUR	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DUR 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	Chilfburn H	
Signature of Ow	wner of Yessee, or Owyler's or Lessee's Authorized Office/Director/Partner/Manager	
_	Charles J Bargar Il	
	Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me	e, by means of physical presence or online notarization, a Florida Notary,	
this 21 day of November 20 A	H. by Charles Bargar as homeowner	
this Old day of NCNerry Lex 20 2	(Name of Person) (Type of Authority)	
for	who is personally known OR produced identification	
(name of party on behalf of whom instrument was	executed) Type ID Driver Lic	
S/ le	Type ID VIIVE LIC	
Notary Signature Try (hull)	(Notary Stamp or Seal) TAMZEN SIERRA CLAPTAGE 12/202: Commission # HH 085154 Express January 26, 2025 Burded Thru Troy Fan Insurance 800 385-7019	