



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:	7/17/2024 3:30:13 PM
Unique Reference Number:	BAA-DAAB-BCACD-CACEBCABFDFF-DGFDFA-C
Instrument Number:	202412015355
Requesting Party Code:	3001
Requesting Party Reference:	4CE4B896-3F0E-42B2-3945-44E6266F8612-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

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



AFTER RECORDING - RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.: 28-55-17-09426-000
COMM SE COR OF SW 1/4 OF NE 1/4, RUN N 493.29 FT TO N R/W OF RD W 539.71 FT FOR POB, CONT W 198.5 FT, S 10 FT, W ALONG
SUBDIVISION
R/W 10 FT, N 218 FT, E 208.5 FT, S 208 FT TO POB, ORB 345.02, 1203 SW COUNTY ROAD 349, LAKE CITY

2. GENERAL DESCRIPTION OF IMPROVEMENTS:
TODD- Off Ro-Roof

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a. Name and address: Michael Rogers, 1203 SW CR 349 Lake City, FL 32024

b. Interest in property: Owner 100%

c. Name and address of fee simple titleholder (if different from Owner listed above): N/A

4. a. CONTRACTOR'S NAME: Evergreen Roofing and Solar
Contractor's address: 822914 N. 1310 Route 200 Bank number: 888-393-0547

5. SURETY (If applicable, a copy of surety payment bond is attached): FL 32082

a. Name and address: N/A

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. LENDER'S NAME: Seacoast Bank

Landlord's address: 350 SW Main Blvd Lake City, FL 32025 Phone number: (888) 754-0002

7. Persons 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. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates N/A of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

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): _____, 20____

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Michael C Rogers
(Signature of Owner or Lessee) or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

State of Florida

County of Columbia

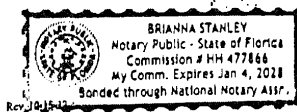
Michael C Rogers
(Print Name and Provide Signature's Title/Office)

The foregoing instrument was acknowledged before me this 30 day of May, 2024

by Michael Rogers as owner

for Evergreen Roofing and Solar (type of authority, e.g. officer, trustee, attorney in fact)
(name of party on behalf of whom instrument was executed)

Personally Known X or Produced Identification X Type of Identification Produced FL DL



Brianna Stanley
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

