Inst. Number: 202412011701 Book: 1516 Page: 146 Page 1 of 1 Date: 6/6/2024 Time: 8:24 AM 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:	
09-45-17-08302-003	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): $\frac{1}{2}$	wood Forest Lot 3 Unit 1 09-45-17-08302-003 Dedhaven St. Lake City, FL 32025
2. General description of improvements: MC+al	
 b) Name and address of fee simple titleholder 	e contracted for the improvements: 294 SE Woodhowen St. Lake City, FL. (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 paym	
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7., Florida Sterus 21	ner upon whom notices or other documents may be served as provided by Section
$\sim \sim $	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the	ne following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b) /Florida Statutes:	
a) Name: ////////////////////////////////////	OF
Expiration date of Notice of Commencement (the expired):	Diration date will be 1 year from the date of recording unless a different date
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	Ki Mencola
COUNTY OF COLUMBIA 10. Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Knyl Mernin
	inted Name and Signatory's Title/Office
	, a Florida Notary, this 4th day of June 2024 by:
Kari Merola as OW	hority) for
	·
Personally KnownOR Produced Identification	Type License
() $()$ $()$	
Notary Signature Taril J. Cal	Notary Stamp or Seal: DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance