NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

25.58.16.02292.000

Clerk's Office Stamp

Inst: 202012012003 Date: 07/20/2020 Time: 12:56PM Page 1 of 1 B: 1415 P: 1268, P.DeWitt Cason, Clerk of Court

Columbia, County, By: BD

Deputy Clerk

THE UNDERSIGNED hereby	gives notice that improv	vements will be mad	e to certain real	property, and in	accordance with	h Section 713.13
of the Florida Statutes, the	following information is	provided in this NO	TICE OF COMME	NCEMENT.		

of the Florida Statutes, the following informa	tion is provided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): a) Street (Job) Address: 337 NV	339 NW BRADY CR LAKE CITY, FL 32055
2. General description of improvements: INTI	
a) Name and address: NA	the Lessee contracted for the improvements:
b) Name and address of fee simple c) Interest in property	titleholder (if other than owner)
4. Contractor Information a) Name and address: b) Telephone No.: 724.281.8690	CKI 1155 BURLANDO LN, VANDERGRIFT, PA 15690
5. Surety Information (if applicable, a copy of a) Name and address: NA	
c) Telephone No.:	
6. Lender a) Name and address: NA b) Phone No.	
	ed by Owner upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statute	signates the following person to receive a copy of the Lienor's Notice as provided in s: OF
Expiration date of Notice of Commencements is specified):	nt (the expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED FLORIDA STATUTES, AND CAN RESUL NOTICE OF COMMENCEMENT MUST INSPECTION. IF YOU INTEND TO OBT,	ITS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST AIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE G YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA	10. Janu Ronall
	ure of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager JAMES KOWNACKI
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged i	perfore me, a classical Notary, this 15 day of Tuly 20 20 by:
JAMES KOWNACKI as HO	MEOWNER for JAMES KOWNACKI
	pe of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identifi	cation X Type Drivers license
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Notary Signature from form	Notary Stamp or Seal: A GENERAL NOTARY - State of Nebras