NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
31-35-17-05097-000 (26121)	
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); LC+ [4] a) Street (job) Address: S07 NV	BIK3 UNIT 3 GIVEN TOKEN ESTATES WED-
3. Owner Information or Lessee information if the Lesse	e contracted for the improvements:
4. Contractor Information	19 11C; 130 3W AMORIN, C+
a) Name and address:	ent bond is attached):
b) Amount of Bond: c) Telephone No.:	
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.:	
In addition to himself or herself, Owner designates to Section 713.13(I)(b), Florida Statutes	he following person to receive a copy of the Lienor's Notice as provided in
a) Name: b) Telephone No.:	OF
9. Expiration date of Notice of Commencement (the exist specified): It is specified.	piration 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 COUNTY OF COLUMBIA X 10	Wath Movement of Lessee's Authorized Office/Director/Partner/Manager
Signature of Ov	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager MATT Knift LAKE CITY TITLE Intel Name and Signatory's Title/Office
Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me, a Florida Notary, this <u>18</u> day of <u>March</u> 20 <u>22</u> by:	
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)	
Personally KnownOR Produced Identification & Type CENSE	
Notary Signature Tally Di	Notary Stamp or Seal: Notary Public State of Florida Katelynn Hickman My Commission HH 143418 Expires 06/17/2025