NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

Clerk's Office Stamp

Inst: 202312010515 Date: 06/07/2023 Time: 9:54AM Page 1 of t. B: 1492. P: 195, James M Swisher Jr, Clerk of Court Columbia, County, fly: VC W

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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). 1081 SW nebraska Ter Ft White fl 32038 a) Street (Job) Address 2 General description of improvements: New Residential a) Name and address: Marie Colon, Angel Colon. 4/2 Su Fevr w Glas ft white FC c) Interest in property Self 4. Contractor Information a) Name and address: Duner b) Telephone No : 5 Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond: ___ c) Telephone No.: 6 Lender a) Name and address: 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.: 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration 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 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager ARIE (OLON Printed Name and Signatory's Title/Office The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary, day of June 20 23 by: Marie Colon as Scif (Name of Person) (Type of Authority) who is personally known OR produced identification M (name of party on behalf of whom instrument was executed) Type ID +L

Notary Signature macef William (Notary Stamp or Seal)

EMALEIGH WILLIAMS MY COMMISSION # HH 323283 EXPIRES: October 18, 2026