Clerk's Office Stamp Inst: 202412012899 Date: 06/18/2024 Time: 8:19AM Tax Parcel Identification Number: Page 1 of 1 B: 1517 P: 343, James M Swisher Jr, Clerk of Court Columbia, County, By: VC M.B. Deputy Clerk 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): 01-45-16-02678-209 a) Street (job) Address: 2. General description of improvements: 3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: 13 I C の FRAD ORAHAN 440 S W COVRY CT (人 b) Name and address of fee simple titleholder (if other than owner)_ c) Interest in property_ DWINER 4. Contractor Information a) Name and address: POWELL OSOUS POORNY THE PLOSBOX b) Telephone No.: 386 - 209 - 519 8 S. 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: b) Phone No. 1 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.:

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.

9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date

STATE OF FLORIDA COUNTY OF COLUMBIA

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

William J. Graham

Printed Name and Signatory's Title/Office.

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The foregoing instr	ument was ackr	,. nowledge	ed before	me, a Flo	orida No	tary, this	17r	day of	tine	_	20_6	94	, by:
William	Graham	as	04	oner	• 2		440		Covey		U.FL		
(Name of Person)			(Type of	Authority	()	(name of	party on b	pehalf of who	m instru	ment was	execu	ited)
Personally Known	OR Produ	ced Iden	tification		ре	FL	DL	٠,			*3		
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Notary Signatuge

Notary Stamp or Seal:



BRITTANY GEIGER MY COMMISSION # HH 390858 EXPIRES: May 6, 2027