

NOTICE OF COMMENCEMENT

PERMIT NO. _____

PARCEL ID NO. 26-3S-16-02308-106

STATE OF FLORIDA
COUNTY OF Alachua

Space above reserved for use of recording office

THE UNDERSIGNED hereby give notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street address:
LOT 29 FAIRWAY VIEW UNIT 4, POA ORB 622-512, WD 1038-1097, WD 1073-1707.
2. Description of improvements: Foundation repair
3. Owner name and address: Barbara Ratliff 132 NW Broomage Court Lake City, FL
a) Interest in property: Owner
b) Fee simple titleholder name and address: _____
4. Contractor name, address and phone number: Alpha Foundation Specialists - Matt Shanley
55 Industrial Loop Drive North Orange Park, FL 32073
5. Surety Bond
a) Name, address and phone number:
b) Amount of bond \$
6. Lender's name and address:
7. Name, address and phone number of Persons within the State of Florida whom notices or other documents may be served as provided by F.S. §713.13(1)(a)7: _____
8. Name, address and phone number of Persons designated by the Owner to receive a copy of the Lienor's Notice as provided in F.S. §713.13(1)(b): _____
9. This Notice shall expire within 1 year of the recorded date unless a different date is specified: _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER FLORIDA STATUTES, CHAPTER 713 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalties of perjury, pursuant to F.S. § 92.525, I declare that I have read the foregoing and that the facts stated therein are true to the best of my knowledge and belief.

Barbara Ratliff
Signature(s) of Owner(s) or Authorized Officer/Dir./Joint Partner/Manager

Barbara Ratliff
Print Name and Authority Type (Officer, Attorney in Fact, etc.)

STATE OF FLORIDA, COUNTY OF DUVAL

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 29 day of

July, 2025, by Barbara Ratliff, ☒ individually or ☐ as self, for self, who ☐ is personally known to me or ☐ produced FL DL as identification.

GA
NOTARY PUBLIC SIGNATURE - STATE OF FLORIDA
COMMISSIONED NOTARY NAME _____

