

Electronically Certified Official Record

DOCUMENT INFORMATION

Agency Name: Columbia County Clerk of the Circuit Court and

Comptroller

Clerk of the Circuit Court: The Honorable James M. Swisher, Jr.

Date Issued: 11/25/2024 10:45:15 AM

Unique Reference Number: BAA-DAAB-BCACD-CACEBCACFCBA-EBJBEF-H

Instrument Number: 202412025210

Requesting Party Code: 3001

Requesting Party

D9CD8768-2B7D-A89C-09B7-8682CB1C01CC-SF

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting https://verify.clerkecertify.com/verifylmage.

**The web address shown above contains an embedded link to the verification page for this particular document.



NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
03-4\$-16-02739-248	
THE UNDERSIGNED hereby gives notice that improvem of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
	48 TURKEY RUN S/D. WD 1004-1341, WD 1114-2179
a) Street (job) Address: 334 SW PHILLI 2. General description of improvements: RE-ROO	PS CIR, LAKE CITY
3. Owner Information or Lessee information if the Lesse a) Name and address: KUBINA ROBER b) Name and address of fee simple titleholder c) Interest in property OWNER 4. Contractor Information	ce contracted for the improvements: T G KUBINA DIANNE L 334 SW PHILLIPS CIR LAKE CITY, FL 32024 r (If other than owner). N/A
a) Name and address: RICHARD DORM b) Telephone No.: 352-581-7333	AN/ROOFING PROS USA II 6650 SOUTH PINE AVE OCALA, FL 34480
 Surety Information (if applicable, a copy of the paym a) Name and address: N/A 	ent bond is attached):
b) Amount of Bond: N/A	
c) Telephone No.: N/A 6. Lender	
a) Name and address: N/A b) Phone No. N/A	
	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.: N/A	
In addition to himself or herself, Owner designates to Section 713.13(I)(b), Florida Statutes: Name: N/A	he following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.: N/A	OF WA
Expiration date of Notice of Commencement (the exis specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	noted y Lubia
COUNTY OF COLUMBIA 10. 2 Signature of Ov	wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
,	Pakart & Kuhina
Pi	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before multiple of the second	e, a Florida Notary, this <u>al</u> day of <u>NOVE Mbesy</u> 20, <u>24</u> , by:
(Name of Person) (Type of Au	thority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification (<u>С</u> Түре
Notary Signature	Notary Stamp or Seal:
	TAMZEN SIERRA CHITTUM Commission # HH 085154 Expires January 26, 2025 Bondad Thu Troy Fain Insurance 800-365-7019

