NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Signature of Natural Person Signing (in line #10 above)

Tax Parcel Identification Number	
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Inst 201412000098 Date 1/6/2014 Time 11 11 AM

DC P DeWitt Cason Columbia County Page 1 of 1 B 1267 P 2234

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	— Joseph Devvill Cason Co	lumbia County Page 1 of 1 B 1267 P 2234
THE UNDERSIGNED hereby gives notice that improve Florida Statutes the following information is provided	f in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description). Lot	55 Emerald Lakes	phase 2 ORB 808-651-5
a) Street (job) Address. 14/7 17 2 General description of improvements 150	Fover metal	'City T-L 32055
3 Owner Information a) Name and address: Young b) Name and address of fee simple titlehold c) Interest in property pulting ma	Reagin: 140 NW. Her (If other than owner) La row Over excis	Zack Dr. Lake City 32 ting Shingle ovof. 199 Nu LIC Jeffery Rd LC
4. Contractor Information a) Name and address RCRA 1	ohnson Rocfing Inc 81	199 Nu LIC Jeffery Rd LC
5 Surety Information	- <u>3 3 7 7</u> Fax No (Opt)	
b) Amount of Bond	Fax No (Opt)	
6 Lender		
a) Name and address b) Phone No. a)		
7 Identity of person within the State of Florida design a) Name and address:	ated by owner upon whom notices or other docu	ments may be served
b) Telephone No	Fax No. (Opt.)	
8 In addition to himself, owner designates the following 13 13(I)(b) Florida Statutes a) Name and address		as provided in Section
	Fax No. (Opt.)	
Expiration date of Notice of Commencement (the e is specified)	xpiration date is one year from the date of recor	ding unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY TH IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA	SECTION 713.13, FLORIDA STATUTES, AND CAN COMMENCEMENT MUST BE RECORDED AND POS	RESULT IN YOUR PAYING TWICE FOR STED ON THE JOB SITE BEFORE THE FIRST DRE COMMENCING WORK OR RECORDING LEAD
The foregoing instrument was acknowledged before me,	a Florida Notary, this day of Oth	Ober 20 13 by
as as	(type o	of authority, e.g. officer, trustee, attorney
fact) for	(name of party on	behalf of whom instrument was executed).
Personally Known OR Produced Identification	Type Drivers License	KELLY DUBOSE
Notary Signature KULLY JUBSE	Notary Stamp or Seal	Commission # EE 192557 Expires July 28, 2016 Bonded Thru Troy Faln Insurance 800-385-7019
11 Verification pursuant to Section 92 525, Florida the facts stated in it are true to the best of my k	AND:: Statutes. Under penalties of perjury, I declare mowledge and belief	that I have read the foregoing and that