



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:	10/28/2024 4:00:41 PM
Unique Reference Number:	BAA-DAAB-BCACD-CACEBCACCFEJ-EAFHJB-I
Instrument Number:	202412022549
Requesting Party Code:	3001
Requesting Party Reference:	FB617086-1D40-A04C-A680-CAE431932BEA-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/VerifyImage>.

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



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

20-35-16-02194-028(7367)

Clerk's Office Stamp

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): LOT 28 FAIRFIELD HILLS/D908 - 2257 WD1285-554 DC1488/255 LE1488-254
a) Street (job) Address: 231 NW FCH WAY, LAKE CITY
2. General description of improvements: RE ROOF
3. Owner Information or Lessee Information if the Lessee contracted for the improvements:
a) Name and address: GRIFFIN, JACQUELYN 231 NW FCH WAY, LAKE CITY
b) Name and address of fee simple titleholder (if other than owner): NA
c) Interest in property: OWNER
4. Contractor Information:
a) Name and address: IMPRESIDENTIAL SVCS LLC 6020 PARKWAY DR. N. STE 500 CUMMING GA 30040
b) Telephone No.: 9043370909
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: NA
b) Amount of Bond: NA
c) Telephone No.: NA
6. Lender:
a) Name and address: NA
b) Phone No.: NA
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: NA
b) Telephone No.: NA
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(1)(b), Florida Statutes:
a) Name: NA OF NA
b) Telephone No.: NA
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): NA

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

10. Jacquelyn Griffin
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Jacquelyn Griffin
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 23 day of October, 2024, by
Jacquelyn Griffin as Homeowner for Taylor Albright
(Name of Person) (Type of Authority) (Name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification ✓ Type DL

Notary Signature

Notary Stamp or Seal

