Inst. Number: 202212019250 Book: 1476 Page: 2060 Page 1 of 1 Date: 10/6/2022 Time: 8:32 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
26-55-15-00483-112(2156)	
THE UNDERSIGNED hereby gives notice that improvement the Florida Statutes, the following information is proven	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 26-5 a) Street (job) Address: 192 SW Wee 2. General description of improvements: MC+6	15-15-00483-112 Ichetucknee Ridge Lot 12 Therpy Pl. Lake City, Fl. 32024 Conforce
3. Owner Information or Lessee information if the Lessee a) Name and address: Charlene Ma b) Name and address of fee simple titleholder c) Interest in property OWN er 4. Contractor Information a) Name and address: Michael Co b) Telephone No.: 386-205-386 5. Surety Information (if applicable, a copy of the payme a) Name and address: MA	econtracted for the improvements: + thews 192 SW Weatherby Pl. Lake City 32024 (if other than owner)
c) Telephone No.:	
6. Lender a) Name and address: b) Phone No	er 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.:	
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
is specified):	ration date will be 1 year from the date of recording unless a different date
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 Signature of Owner	in Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Print	Vicholus Carlucci/contractor ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a $\frac{Nicholas Carlucci}{Name of Person}$ as $\frac{Contrac}{Type of Authority}$ OR Produced Identification	
Ω Ω Ω	Notary Stamp or Seal: Notary Stamp or Seal: DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance