Inst. Number: 201212012662 Book: 1240 Page: 1109 Date: 8/24/2012 Time: 12:43:13 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Inst 201212012662 Date 8/24/2012 Time:12:43 PM
00-00-01088-000	DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1240 P:1109
00 00 0 1000 000	
Florida Statutes, the following information is provided in t	
1. Description of property (legal description): 13 k	STER FEWARE.
a) Street (job) Address:	FOULLY INFLLING
2. General description of improvements ( in 965)	radicy Time and
3. Owner Information a) Name and address: MALY FA	RCHIONE
b) Name and address of fee simple titleholder (i c) Interest in property	other than owner)
4. Contractor Information a) Name and address: MACY FAC	0.411 0.475
a) Name and address: //ACO TAC	CHIONE
b) Telephone No.: 991. 485.724  5. Surety Information	Fax No. (Opt.)
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	Fax Ne. (Opt.)
6. Lender a) Name and address:	, ,
b) Phone No.	
7. Identity of person within the State of Florida designated a) Name and address:	d by owner upon whom notices or other documents may be served:
	Fax No. (Opt.)
	person to receive a copy of the Lienon's Notice as provided in Section
713.13(I)(b), Florida Statutes: a) Name and address:	
b) Telephone No.	Fax No. (Opt.)
\	
Expiration date of Notice of Commencement (the expirate is specified):	ation date is one year from the date of recording unless a different date
	WNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED
	TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
100 M	NSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	Many Farchice 2.
	0. 10019 00 00 101
	Signature of Owner's Authorized Office/Director/Partner/Manager
	mary tarchione
	- Balanted Name
The foregoing instrument was acknowledged before me, a Flo	orida Notary, this day of Acegust 20/2 by:
MARY FARCHIONE as A	OMEDIAINER (type of authority, e.g. officer, trustee, attorney
fact) for MARY FARRHIDAE	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification	pe 1
9 1 1	LAURIE HODBON
Notary Signature & a. La do u	Notary Stamp or Seal:  MY COMMISSION # EE 214728 EXPIRES: July 14, 2016 Bonded Thru Notary Public Underwriters
11. Verification pursuant to Section 92 525. Florida Star	tutes. Under penalties of perjury, I declare that I have read the foregoing and that
the facts stated in it are true to the best of my know	
	wledge and belief. May Barchieve
	X