Inst. Number: 202212017793 Book: 1475 Page: 740 Page 1 of 1 Date: 9/13/2022 Time: 8:12 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:	
06-45-17-08097-005 (29521)	
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): 06-45 a) Street (job) Address: 680 5W Che 2. General description of improvements: Meta	5-17-08097-005(29521) Chapel Hills Block E upel Hill St. Lake City 32055 Let 5 Foof-over
3. Owner Information or Lessee information if the Lessee a) Name and address: \(\begin{array}{c} \text{Dora} \\ \delta \end{array} \) b) Name and address of fee simple titleholder c) Interest in property \(\delta \text{LNNE} \)	contracted for the improvements: Fill St. Lake City 32055
4. Contractor Information a) Name and address: Micholus Co b) Telephone No.: 386-205-3865	
5. Surety Information (if applicable, a copy of the payme a) Name and address: b) Amount of Bond: c) Telephone No.:	
7. Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes; a) Name and address:	er upon whom notices or other documents may be served as provided by Section
Faction 713 13/IVh) Florida Statutas:	e following person to receive a copy of the Lienor's Notice as provided in OF
b) Telephone No.:	
is specified):	
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.	
	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Vicholas Carlucci/Contractor ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, and with the street of Authority (Type of Authority)	
Personally Known OR Produced Identification	Type DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance