NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
36-2S-16-01890-113	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
	OT 13 WOODS AT FALLING CREEK. CT 1252-2328, WD 1276-737, WD 1288-1917, WD 1412
a) Street (job) Address: 338 NW Holland Dr Lake Cit 2. General description of improvements: Metal Storage Bu	
Owner Information or Lessee information if the Lessee a) Name and address: Michael and Patricia Johnson	e contracted for the improvements:
b) Name and address of fee simple titleholder	(if other than owner)
4. Contractor Information	
a) Name and address: Handi House 2336 W US Hight b) Telephone No.: 386-438-8020	way 90, Lake City, FL 32055
5. Surety Information (if applicable, a copy of the payme	nt bond is attached):
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
b) Phone No	
 Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes: 	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
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 10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
Pat	ricia Johnson Owner
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	by means of physical presence or online notarization, a Florida Notary,
this 11 day of May . 20 21	by Patricia Johnson as owner
for Patricia Johnson (name of party on behalf of whom instrument was ex	(Name of Person) (Type of Authority) who is personally known OR produced identification
Notary Signature Wall Fuell	Type ID SUSAN G. BUTH Commission # HH 090726 Expires June 25, 2022 Bonded Thru Troy Feln Insurance 800-385-7019