NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

R09455-001

Clerk's Office Stamp

Inst: 202312011262 Date: 06/15/2023 Time: 10:56AM Page 1 of 1 B: 1492 P: 2471, James M Swisher Jr, Clerk of Court Columbia, County, By: VC Deputy Clerk

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.

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1. Description of property (legal description): 309455 - DO 1 a) Street (job) Address: 101 Sw Chives Terrace, Lake City, F1 32024
2. General description of improvements: Replacement
a) Name and address: Stephanic Dougherty 101 Sw Chives Ter, Lake City, F1 320. b) Name and address of fee simple titleholder (if other than owner) Same c) Interest in property Fee owner
4. Contractor Information a) Name and address: b) Telephone No.: 971-239-3396 10916 Stanton Hills D 10916 Stanton Hills D 10916 Stanton Hills D
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address:
b) Amount of Bond: c) Telephone No.: 5414 31, 2023-SD.
6. Lender
a) Name and address:
 b) Phone No
713.13(1)(a)7 Florida Statutes:
a) Name and address:
b) Telephone No.:
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(I)(b), Florida Statutes: a) Name:OF
b) Telephone No.:
b) Telephone No.:
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. Steplienie Dougherty
Signature of Owner or Lessee' or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Stephanie Dougherty, owner Printed 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 17th day of May 2023, by: Stephanic Dougherty as Owner (Name of Person) (Type of Authority)
for Stephanic Dougherty, owner who is personally known OR produced identification Type ID
Notary Signature MINDY FLETCHER (Notary Stamp or Seal) MINDY FLETCHER Commission # HH 090094 Expires March 20, 2025 Bonded Thru Troy Fain Insurance 880-385-7019