Inst. Number: 202312001622 Book: 1483 Page: 2170 Page 1 of 1 Date: 1/31/2023 Time: 3:33 PM 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:	
26-5\$-17-09390-000 (34436)	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	nts will be made to certain real property, and in accordance with Section 713.13 ided in this NOTICE OF COMMENCEMENT.
a) Street (job) Address: 1836 SE Cline Feagle Rd. Lake	OF NWTM OF NEW RUNS 907 FT. 6 373 FT FOR POB. RUNS 210 FT. 6 210 FT. N 210 FT. W 210 FT. TO POB. 278-66 672 100. LE 1338-7570 2 City, FL 32025 cia/Soffit) HVAC, Acess Steps, etc., replacements and repairs in accordance with Columbia County ARPA Program.
b) Phone No. 386-719 2028 7. Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes: a) Name and address: Columbia County Purchasing: Mik b) Telephone No.: 386-719-2028	Indian River Blvd. #501 Vero Beach, FL 32960 Indian River Blvd. #501 Vero Beach, FL 32960 Int bond is attached): Rumbia County ARPA Senior Housing Rehab Program: 135 NE Hernando Ave, #203: Lake City, FL 32055 But upon whom notices or other documents may be served as provided by Section
9. Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROPED FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
P	rinted 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 18th day of January 20 23	, by:
forARPN	who is personally known 🗸 OR produced identification
(name of party on behalf of whom instrument was ex	recuted) Type ID
Notary Signature	ANTONIO JENKINS Notary Public-State of Florida Commission # HH 194042 My Commission Expires November 02, 2025