Inst. Number: 202312016448 Book: 1498 Page: 110 Page 1 of 2 Date: 9/5/2023 Time: 9:13 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

Permit Number:	17.07101.000	and the same
Folio/Parcel ID #: 34-35	TUM SOLAR / katherine weisburg	
6210 Hoffner Ave. Ste 10		
Orlando FL 32822	<u> </u>	.00 , 40 × 40 × 40 × 40 × 40 × 40 × 40 ×
Return to: MOMENTUM	M SOLAR	
6210 Hoffner Ave. Ste 1	00	region of the second of the se
Orlando FL 32822		1000 0000,00000000000000000000000000000
State of Florida, County The undersigned hereb with Chapter 713, Florid	y gives notice that improvement la Statutes, the following informa perty (legal description of the pro	WENT will be made to certain real property, and in accordance tion is provided in this Notice of Commencement. sperty, and street address if available)
General description Installation of Photovo		293 SE OAKMONT ST LAKE CITY, FL 32025
3 Owner information	or Lessee information if the Lo	essee contracted for the improvement
Name MARY ALLEI	<u> </u>	-
Address 293 SE OAK	MONT ST LAKE CITY, FL 32025	
Interest in Property	Owner	
	s of fee simple titleholder (if dif	
Name <u>N/A.</u> Address	707 107	
4. Contractor		
Name MOMENTUM	SOLAR	Telephone Number 321-247-6073
Address 6210 Hoffn	er Ave Ste. 100 Orlando FL 32822	
	, a copy of the payment bond is	
Name_N/A		Telephone Number
Address		Amount of Bond \$
6. Lender		Telephone Number
Address	00 140 - 00 - 00 - 00 - 00 - 00 - 00 - 0	Tolophone Namoei
	State of Florida designated b	y Owner upon whom notices or other documents m
be served as prov	ided by §713.13(1)(a)7, Florida	Statutes.
Name N/A		Telephone Number
Address		
		tes the following to receive a copy of the Lienor's
-	d in §713.13(1)(b), Florida Statı	
Name <u>N/A</u> Address		Telephone Number
	notice of commencement (the	expiration date will be 1 year from the date of recording
unless a different d		oppression date this bear year from the date of recording
E CONSIDERED IMPROPER SULT IN YOUR PAYING TWIC CORDED AND POSTED ON T I'H YOUR LENDER OR AN AT	PAYMENTS UNDER CHAPTER 713, PA CE FOR IMPROVEMENTS TO YOUR PA THE JOB SITE BEFORE THE FIRST INS	ER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ART I, SECTION 713.13, FLORIDA STATUTES, AND CAN ROPERTY. A NOTICE OF COMMENCEMENT MUST BE SPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT ORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
Mary Allen		Owner
nature of Owner or Lessee, or	Owner's or Lessee's Authorized Officer/l	
ne foregoing instrument v	was acknowledged before me by of August 2023 by Ma	means of [] physical presence or [x] online ry Allen
anzadon, tilis day t		e of person
0	<u> </u>	•
Owner Type of authority: owner	fo r, officer, trustee, attorney in fact	Name of party on b etalf of whom instrument was executed
	ed notarize.com notarial certific	
Signature of Notary	Public – State of Florida	Print, type, or stamp commissioned name of Notary Public
Personally Known Type of ID Produced	_OR Produced ID <u>X</u> 	_

Form content revised: 01/01/20

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## **ALL-PURPOSE ACKNOWLEDGMENT**

State/Commonwealthof TEXAS	)		
☐ City ☑ County of Harris	)		
On <u>08/07/2023</u> before me, <u>Ale</u>	exis Trice Notary Name		
personally appeared Mary Allen			
	Name(s) of Signer(s)		
personally known to me OR			
proved to me on the basis of the oath of	Name of Credible Witness		
<b>ॼ</b> proved to me on the basis of satisfactory ev	duittou licopoo		
and by proper authority, and that by his/her/their	Type of ID Presented ubscribed to the within instrument, and I the same in his/her/their authorized capacity(ies) ir signature(s) on the instrument, the individual(s), the individual(s) acted, executed the instrument for		
WITNES	S my hand and official seal.		
ID NUMBER NOTARY NA	ublic Signature: Alux lice  ame: Alexis Trice  pmmission Number: 133454288		
''////////////////////////////////////	, ,		
•	ommission Expires: 11/17/2025		
NOIA112EG U	nline using audio-video communication		
DESCRIPTION OF ATTACHED DOCUMEN	<u>T</u>		
Title or Type of Document: Notice of Commencement			
Document Date:08/07/2023 Number of Pages (w/ certificate):3			
Signer(s) Other Than Named Above: N/A	Turnist of Fages (W. Sertimosto).		
Capacity(ies) Claimed by Signer(s)  Signer's Name: Name: Signer's Name: Signer's Name: Signer's Name:			
□ Corporate Officer Title: □ Partner − □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian of Conservator □ Other: Signer Is Representing: N/A	Other:		
	· · · · · · · · · · · · · · · · · · ·		