NOTICE OF COMMENCEMENT

The undersigned hereby gives Notice that improvement will be made to certain real property, and in
accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of
Commencement.
Description of Property: 2.36 ACRES 1 10 13 10T 10 DEPA TRACE S/D ORD
Parcel Number: 01-10-13-4512-0000-0100
911 Address: 446 NE 743 ST
General Description of Improvement(s)
PUTTING Zleg metal on top of 1×41 purling on existing
Shirale roof.
Owner Information
Name: HAY8S JENNIFER Phone # 757)350-0800
Address: 446 NE 7435T OLD TOWN
Contractor Information
Name: 1 NuE FORCE ROOFING Phone # 352) 900-5749
Address: ZUZO NW LILO CT SUITE B CAMUERING FT 32653
Lender
Name: Phone #
Address:
Persons within the State of Florida designated by Owner upon whom notices or other documents may
be served as provided by Section 713.13(1)(a)7., Florida Statutes
☐ If not applicable to your project.
Name: Phone #
Address:
In addition to himself or herself, Owner designates the below identified to receive a copy of the
Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
☐ If not applicable to your project.
Name: Phone #
Address:
The expiration date will be 1 year from the date of recording unless a different date is specified
Expiration date of notice of commencement 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCENTS WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
A had a House Former & Janter House From
Signature of Owner of Vessee, or Owner's of Lessee's Authorized Agent Printed Name
This foregoing instrument was acknowledged, sworn to and subscribed before me this
18 Day of September, 20 23. State of FLORIDA County of: 1/X1e
Kelsey Slandock Kelsey Havelock
Signature of Notary Public Printed Name:
Porsonally Known
Personally Knownor Produced ID Type of ID Produced $D\mathcal{U}$.