Inst. Number: 202212019038 Book: 1476 Page: 1470 Page 1 of 1 Date: 10/3/2022 Time: 10:00 AM 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:	
32-35-17-12742-000(41276)	
THE UNDERSIGNED hereby gives notice that improvements the following information is proved the following information is proved to the following information in the following information is proved to the following information in the following information is proved to the following information in the following information is proved to the following information in the followin	ents will be made to certain real property, and in accordance with Section 713.13
1. Description of property (legal description): 32-3 a) Street (job) Address: 152 SE Her 2. General description of improvements: Metal	nondo Ave. Lake City, Fl. 32025 Coof-our
3. Owner Information or Lessee information if the Lesse a) Name and address: Hopper Discorb b) Name and address of fee simple titleholder c) Interest in property OWNER	e contracted for the improvements: 1 to N Fnc. PO Box 2697 Lake City 32056 (if other than owner) 1 lucci 268 SE Press Ruth Dr. Lake City, Fl. 32025
b) Amount of Bond:	
c) Telephone No.:	
6. Lender a) Name and address: b) Phone No.	er upon whom notices or other documents may be served as provided by Section
	e following person to receive a copy of the Lienor's Notice as provided in OF
	iration date will be 1 year from the date of recording unless a different date
is specified):	
COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JIR 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 NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Vicholas Corlucci / Contractor Ited Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, Nicholas Carlucci as Contra (Name of Person) Personally Known X OR Produced Identification	ority) (name of party on behalf of whom Instrument was executed)
Notary Signature Dail Cali	DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st Stale Insurance