Inst. Number: 201212017119 Book: 1244 Page: 2411 Date: 11/19/2012 Time: 8:38:24 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	/
Andrew American and American an	201212017119 Date:11/19/2012 Time 8:38 AM DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1244 P:2411
26-55-16-03717-102	
TH: UNDERSIGNED hereby gives notice that improvements	will be made to certain real property, and in accordance with Section 713.13 of the
and the same of th	IS NOTICE OF COMMENCEMENT.
Description of property (legal description):	Didwire ed fortwhise fo
2. General description of improvements:	Blde
2 Owner Information	V
a) Name and address: Gerald	Murphy other than owner) WA
b) Name and address of fee simple titleholder (if	other than owner) WIA
1 0	
a) Name and address: Dwner (Suilder
b) Telephone No.:	Fax No. (Opt.)
5. Surety Information a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
6. Lender	
b) Phone No.	
7. Identity of person within the State of Florida designated b	y owner upon whom notices or other documents may be served:
4 177	
b) Telephone No.:	A THE STATE OF THE PROPERTY OF
8. In addition to himself, owner designates the following per	son to receive a copy of the Lienor's Notice as provided in Section
713.13(I)(b), Florida Statutes:	and a section
a) Name and address: b) Telephone No.:	
 Expiration date of Notice of Commencement (the expiration is specified): 	on date is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWN	ER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED
INSPECTION. IF YOU INTEND TO OBTAIN FINANCING. CONSI	FIGURE OF THE PROPERTY OF THE PROPERTY OF THE PAYING TWICE FOR ENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST BUT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.	TOOK LENDER OR AN AFTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA	8 110 1
COUNTY OF COLUMBIA 10.	I lived Mes what
7	Signature of Owner or Owner's Authorized Office O fector/Partner/Manager
	Berald Murphy
-	Printed Name
he foregoing instrument was acknowledged before me, a Florida	Notary this IF and I are
Crould When!	20,50
C 1/ as	(type of authority, e.g. officer, trustee, attorney
ict) for Sulf	
ersonally Known OR Produced Identification A Type	(name of party on behalf of whom instrument was executed).
Type_	
otary Signature	LAURIE HODSON MY COMMISSION # EE 214728
- Charles	Notary Stamp or Seal: EXPIRES: July 14, 2016
1 Verification accounts	—AND—
the facts stated in it are true to the facts.	Under and III
the facts stated in it are true to the best of my knowledge	ge and belief. Q
	we Derall Merson
	Signature of Natural Person Signing In line #20 above.)
	above.)