

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

36-3S-16-02626-008

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (*legal description*): BEG SE COR OF SEC, RUN W 40 FT TO W R/W OF CO RD, N ALONG R/W 982 FT FOR POB, RUN SW 64 14 22 FT, N/W 53 26 FT, SW 30 55 FT, NW 116 72 FT TO S R/W US-9
a) Street (*job*) Address: 1720 W US Hwy 90 Lake City, FL 32055
2. General description of improvements: Installation of signage
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Liberty Health Sciences 18770 N County Rd 225 Gainesville, FL 32609
b) Name and address of fee simple titleholder (if other than owner): Galaxy US-90 Investment LLC 404 NW Hall of Fame Dr Lake City, FL 32055
c) Interest in property: Lessee - Medical Marijuana Dispensary
4. Contractor Information
a) Name and address: Fastsigns of Clearwater 2781 Gulf to Bay Blvd Clearwater, FL 33759
b) Telephone No.: 7277971177
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: _____
b) Phone No.: _____
7. Person 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:
a) Name and address: _____
b) Telephone No.: _____
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ OF _____
b) Telephone No.: _____
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10.

Daniel Sparks

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Daniel Sparks, Manager

Printed 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 14th day of November, 2022, by: Daniel Sparks as Manager
(Name of Person) (Type of Authority)

for Liberty Health Sciences who is personally known ☒ OR produced identification ☐
(name of party on behalf of whom instrument was executed)

Notary Signature _____ (Notary Stamp or Seal)

Type ID Julie LaBelle
Notary Public
State of Florida
Comm# GG983254
Expires 4/29/2024

