Inst. Number: 202412010038 Book: 1514 Page: 1143 Page 1 of 1 Date: 5/14/2024 Time: 10:10 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:	
24-45-16-03116-004	
of the Florida Statutes, the following information is pro-	1 · · · · · · · · · · · · · · · · · · ·
1. Description of property (legal description): 24-4 a) Street (job) Address: 46 5W Are 2. General description of improvements: Meta	5-16-03116-064 Piccadilly Park BIK A gela Terr. Lake City, FC 37024 Lot 10 roof-over
c) Interest in property OWN 45	(if other than owner)
4. Contractor Information a) Name and address: Nichola 5 b) Telephone No.: 386 205 - 386 5. Surety Information (if applicable, a copy of the payments)	Corlucci 268 Se Press Ruth Dr. Lake City 32025
a) Name and address: A/A b) Amount of Bond:	- The solid is attached).
6. Lender a) Name and address: b) Phone No.	
5) · Hone No.	er upon whom notices or other documents may be served as provided by Section
Section 713,18(///b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in OF
	oiration date will be 1 year from the date of recording unless a different 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA 10. Signature of Owner of Lessee's Authorized Office/Director/Partner/Manager	
DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance	Martin Munoz nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, Martin Munoz as OWN (Name of Person) (Type of Auti	ec
Personally KnownOR Produced Identification	Type License
Notary Signature August	DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024 Bonded through 1st State insurance