NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

27-3S-16-02311-010

Clerk's Office Stamp

Inst: 202512002789 Date: 02/11/2025 Time: 10:12AM
Page 1 of 1 B: 1532 P: 2766, James M Swisher Jr, Clerk of Court a
Columbia, County, By: VC
Deputy Clerk

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 des	cription): LOT 10, FAIRWAY VIEW SUBDIVIS	HON UNIT 1-A
a) Street (100) Address: 2. General description of improvem	ents: BUILD A NEW SINGLE FAMILY HOME	ML OILLIA GAGE
	rmation if the Lessee contracted for	the improvements:
b) Name and address of fe	ee simple titleholder (if other than o	wner)
c) Interest in property		
1. Contractor Information	ADAY DIAZ 408 S FLORIDA MAN	GO WPB FL 33406 408 S FLORIDA MANDO RD WEST PALM BEACH FL 33406
a) Name and address: 190 b) Telephone No.: 5613170	77K)	400 C 141 D 1 D 00 C 00 400 C 100 C
b) Telephone No.:	a copy of the payment bond is attac	als as all y
b) Amount of Bond:		
c) Telephone No.:		
5. Lender		
a) Name and address:		
b) Phone No		
		notices or other documents may be served as provided by Sectio
713.13(1)(a)7., Florida Sta		
b) Telephone No.:		
D. In addition to himself or herself.	Owner designates the following pers	son to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Flori		on to receive a copy or the manor of the section of
WARNING TO OWNER: ANY COMMENCEMENT ARE CONFLORIDA STATUTES, AND CANOTICE OF COMMENCEMEN INSPECTION. IF YOU INTEND	SIDERED IMPROPER PAYMEN N RESULT IN YOUR PAYING T IT MUST BE RECORDED AND I	NNER AFTER THE EXPIRATION OF THE NOTICE OF ITS UNDER CHAPTER 713, PART I, SECTION 713.13, WICE FOR IMPROVEMENTS TO YOUR PROPERTY; A POSTED ON THE JOB SITE BEFORE THE FIRST ISULT YOUR LENDER OR AN ATTORNEY BEFORE
COUNTY OF COLUMBIA	10. [////	16
JUDITE OF COMPICE	Signature of Owner or Leasee, o	or Owner's or Lessee's Authorized Office/Director/Partner/Mana
	. U	
	\$0.7-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10	
	Printed Name and	Signatory's Title/Office
		-1 m .
The foregoing instrument was ackn	owledged before me, a Florida Nota	ry, this 4th day of Jeb (UC) py 20 25, 1
labranis Reyes Ja	ge as owner	for
(Name of Person)	(Type of Authority)	(name of party on behalf of whom instrument was execut
Personally Known OR Produc	ed Identification $ u$ Type $ otin u$	1 DL HERNANDEZ
		SAMIT HERNANDEZ Notery Public-State of Florid Commission # HH 295191
Notary Signature		Notary Stamp of Security My Commission Expires