NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number: 63 45 17-075,8-006 (28017) 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) 2495Ea) Street (job) Address 2 General description of improvements: 244 SE Caklill St Cake city FC a) Name and address: (-10 t) 4 t/Line.

736 3 4 - 4774 4. Contractor Information 19815 NW 48ct 5. Surety Information (if applicable, a copy of the payment bond is attached) a) Name and address. b) Amount of Bondc) 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(I)(b), Florida Statutes: a) Name: 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** Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Tolk Mark W
Printed Name and Signatory's Title/Office The foregoing instrument was acknowledged before me, a Florida Notary, this 25 day of April as <u>のいれ</u>( (Type of Authority) (name of party on behalf of whom instrument was executed) (Name of Person) Personally Known OR Produced Identification V Type FOL' ME35 420 80 767-C Notary Stamp or Seal

KARLA LEMERY
MY COMMISSION #HH220109
EXPIRES. JAN 24, 2026
Bonded through 1st State Insurance

Inst. Number: 202312007287 Book: 1489 Page: 268 Page 1 of 1 Date: 4/27/2023 Time: 8:31 AM

James M Swisher Jr Clerk of Courts, Columbia County, Florida