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NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

27-45-16-03199-206

Clerk's Office Stamp

DC,P DeWitt Cason, Columbia County Page 1 of 1 B 1256 P 2084

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): L+5 Sociantield Estates Phase / replot a) Street (job) Address: 210 SW Ondte: Ter Loko Cit 2. General description of improvements: _Ce_ FOD 3, Owner Information ne. Kin Kimble Kelsey 210 SW Dotate. Terr Lake City a) Name and address: b) Name and address of fee simple titleholder (if other than owner) c) Interest in property ___ 4. Contractor information Walker Roofing a) Name and address: b) Telephone No.: Slote 959 5. Surety Information a) Name and address: b) Amount of Bond: c) Telephone No.: Fax No. (Opt.) 6. Lender a) Name and address: b) Phone No. 7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served: a) Name and address: b) Telephone No.:_ Fax No. (Opt.) 8. In addition to himself, 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 and address: b) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration date is one 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 Office/director/Partner/Manager The foregoing instrument was acknowledged before me, a Florida Notary, this (type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed). OR Produced Identification AMANDA A. DICKS MY COMMISSION # EE 855450 EXPIRES: March 18, 2017 Notary Stamp or Seal: Bonded Thru Notary Public Underwrite

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.