NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number: 03-4S-17-07551-000 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): 03-4S-17-07551-000 a) Street (job) Address: 717 SE Clowelly Aut Lake City FC 32025 2. General description of improvements: 1250 F 3. Owner Information or Lessee information if the Lessee contracted for the improvements: 4. Contractor Information a) Name and address: Whiddon Construction Company, Inc. | 295 NW Commons Loop Ste. 115-262, Lake City, FL 32055 h) Telephone No.: (386) 754-7367 Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond: c) Telephone No.: 6 Leader 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: h) 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 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 Cessen, or Owner's or Lessee's Authorized Office/Director/Partner/Manager The foregoing instrument was acknowledged before me, a Florida Notary, this Jesus Biarrieta (Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed) Personally Known OR Produced Identification Type \$630-43-90-323-0 Exp 9 Notary Signature \_\_\_\_\_\_ Notary Stamp or Seal: RICHARD G. KAHLICH MY COMMISSION #GG066196 EXPIRES: MAY 20, 2021

Bonded through 1st State Insurance

Inst. Number: 202112009889 Book: 1437 Page: 2091 Page 1 of 1 Date: 5/17/2021 Time: 1:11 PM

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