

Electronically Certified Official Record

DOCUMENT INFORMATION

Agency Name: Columbia County Clerk of the Circuit Court and

Comptroller

Clerk of the Circuit Court: The Honorable James M. Swisher, Jr.

Date Issued: 2/5/2025 2:45:15 PM

Unique Reference Number: BAA-DAAB-BCACD-CACFBCAACCED-EFAHIB-E

Instrument Number: 202512002243

Requesting Party Code: 3001

Requesting Party

Reference: 8613F335-74C8-0588-5259-DF0ED1EAAD7B-SF

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting https://verify.clerkecertify.com/verifylmage.

**The web address shown above contains an embedded link to the verification page for this particular document.



NOTICE OF COMMENCEMENT	Oerk's Office Stamp	
Tax Parcel Identification Number:		
15.45-17-68359-125(30917)		
THE UNDERSIGNED hereby gives notice that Improvements will be made to certain real property, and in accordance with Section 713.13 of the Flonda Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.		
1. Description of property (Regal description): LOT 25 COUNTRY SICK ESTATES WD 1070-63 WID 1189-1568 WD 1968-2259 a) Street (Job) Address: 308 56 6 (5505 16-100) 2. General description of improvements: KP 2796		
3. Owner Information or Lessee ipformation if the lesse a) Name and address of fee simple titleholde c) Interest in property	recontracted by harmprovements: an internal of the contract o	39072
A Contractor Information	iTIAL SERVICES, LLC 6020 PARKWAY DR N #500 CUMMING, GA 30040	
b) Telephone No :(904) 337-0509		
5. Surety Information (if applicable, a copy of the paym a) Name and address:	ent bond is attached):	
b) Amount of Bond: N/A		
c) Telephone No.: N/A	****	
6 Lender a) Name and address: N/A		
b) Phone No. N/A		
 Person within the State of Fiorida designated by Ow 713.13(1)(a)7., Florida Statutes: 	ner upon whom notices or other documents may be served as provided by Section	
a) Name and address: NA		
b) Telephone No.: N/A		
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()(b), Florida Statutes:		
a) Name: IV/A	of N/A	
b) Telephone No.: N/A		
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): N/A		
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 C	wner or Lescee, or Swiner's or Lessee's Authorized Office/Director/Partner/Manager	
	A	
	Lasar Yan	
	Printed Name and Signardry's Title/Office	
The foregoing instrument was acknowledged before me, by means of v physical presence or online notaritation, a Florida Notary,		
this 3 day of February 200	95 by: Casey Ryan as Homowner (Type of Authority)	
10 Taylor Albright	who is personally known OR produced Identification	
(name of party on behalf of whom instrument wa	Type ID	
Notary Signature (Notary Stamp or Seal)		
•		
JAYSON ALBRIGHT		
Notary Public Commissio	p-State of Florida n # HH 459379 ission Expires	
Februa Februa	rv 04, 2028	



