NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
15-4S-16-03000-124	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this <b>NOTICE OF COMMENCEMENT</b> .
1. Description of property (legal description): LOT 4 BLOG a) Street (job) Address: 220 SW Loblolly Place, Lake	CK B FOREST COUNTRY 3RD ADDITION. DC 1407-2099, WD 1407-2102, WD 1428-106, QC 1491-2141,
2. General description of improvements: Home Build	
3. Owner Information or Lessee information if the Lesse a) Name and address: Michael Nickelson 1580 SW Littl	e RD, Lake city FL 32024
<ul> <li>b) Name and address of fee simple titleholder</li> <li>c) Interest in property owner</li> </ul>	(if other than owner)
4. Contractor Information	
a) Name and address: Michael Nickelson	
b) Telephone No.: 386 -623-1015	
<ul><li>5. Surety Information (if applicable, a copy of the payme</li><li>a) Name and address:</li></ul>	·
b) Amount of Bond:	
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No.	
7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
a) Name and address: Michael Nickelson	1580 SW Little Rd, LAke City FL, 32024
b) Telephone No.: 386 623 1015	
8. In addition to himself or herself, Owner designates th Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expire specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOUNGTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Min Far
COUNTY OF COLUMBIA 10	(Mur )
Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
N	lichael Nickelson
J	Printed Name and Signatory's Title/Office
	e, by means of physical presence or online notarization, a Florida Notary,
this, 20	, by: as (Name of Person) (Type of Authority)
for	who is necessally by a sure of the state of
(name of party on behalf of whom instrument was e	who is personally known OR produced identification executed)
	Type ID

(Notary Stamp or Seal)

Notary Signature \_\_\_\_\_