Inst. Number: 202412024568 Book: 1527 Page: 1631 Page 1 of 1 Date: 11/15/2024 Time: 3:20 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parce. Identification Number:	
02-6S-17-09533-112	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): 02-6 a) Street (job) Address: 1100 SE Sta	os-17-09533-112 He Rd 238 Lake City, FL 32025
General description of improvements: Re-Roof Noner Information or Lessee information if the Lesse	
 a) Name and address: <u>Uniter (ombs</u> b) Name and address of fee simple titleholde 	r (if other than owner)
c) Interest in property Owner 4. Contractor Information Covernot Receipts	* Construction Inc. 4590 CR 218 Middlehurg FL 32068
a) Name and address: Covenant Rooming b) Telephone No.: (904)423-0819	g & Construction Inc. 4590 CR 218 Middleburg, Fl. 32068
5. Surety Information (if applicable, a copy of the paym	nent bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender	
h) Phone No	
7. Person within the State of Florida designated by Ow	ner 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.:	
	the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
a) Name:b) Telephone No.:	OF
Expiration date of Notice of Commencement (the exist specified):	xpiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FOR COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA	Walter I Soule
Brandon Korey Signature of O	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
State of Florida	
Comm# HH114715 Expires 4/7/2025	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before n	ne, by means of physical presence or online notarization, a Florida Notary,
this 13 day of Noving 20	(Name of Person) (Type of Authority)
for	who is personally known OR produced identification
(name of party on behalf of whom instrument was	Type ID <u>C512-918-99-132-c</u>
2.1	
Notary Signature	(Motary Stamp or Seal) Updated 12/202