Inst. Number: 202412013713 Book: 1517 Page: 2344 Page 1 of 1 Date: 6/25/2024 Time: 2:37 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 Parcel Identification Number: 14-3S-16-02117-204 (6989)	
of the Florida Statutes, the following information is pro-	
Description of property (legal description): a) Street (job) Address:	OORE HAVEN S/D. 819-553,903-1654, WD 1320-1372, WD 1411-2798, WD 1503-1356,
2. General description of improvements: install	pv solar system
Owner Information or Lessee information if the Lesse a) Name and address:	HAWKINS SHAWN C 1549 NW MOORE RD LAKE CITY, FL 32055
b) Name and address of fee simple titleholder	r (if other than owner)
c) Interest in property 4. Contractor Information a) Name and address: b) Telephone No.:	inergy Solar LLC te 200A New Port Richey, FL 34654
5. Surety Information (if applicable, a copy of the payment)	
a) Name and address: b) Amount of Bond:	
c) Telephone No.:6. Lender	
a) Name and address:	
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.: 9. Expiration date of Notice of Commencement (the ex	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC INSPECTION. IF YOU INTEND TO OBTAIN FIN COMMENCING WORK OR RECORDING YOUR	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
COUNTY OF COLUMBIA Signature of Ov	Shawn Hawkins vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
-	Shown Howkins Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	e, by means of physical presence or online notarization, a Florida Notary,
for left	y by: Show A who is personally known OR produced identification of Person OR produced
Notary Signature	executed) Type ID D EXPIRES 5-1-2027 (Notary Stamp or Seal) OR: prosticed identification 19-1 MY COMMISSION EXPIRES 5-1-2027 EXPIRES 5-1-2027 EXPIRES 5-1-2027