NOTICE OF COMMENCEMENT	
NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
Lot 00841-004	
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 407	00841-004 Three Kivers Estates Unit 1
2. General description of improvements: Sing	00841-004 Three Rivers Extores Unit 1 Si Riverside Ave. Fort White, FL 320 Te family residential
3. Owner Information or Lessee information if the Lesse a) Name and address: Hicka & Communication of the Lessee	ee contracted for the improvements: wid Gib hin St. 2235, Trescett Dr. Tallahars
c) Interest in property Farmatic	r (if other than owner) $N.a.$ FL 3230, $N$ FL 3230,
4. Contractor Information a) Name and address: to be a	letermined
b) Telephone No.:  5. Surety Information (if applicable, a copy of the paym	
b) Amount of Bond:	
c) Telephone No.:	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	he 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 ex is specified):	piration 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  10,	A Cole Bookingt
	vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_1 Pi	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	e, a Florida Notary, this 18 day of September 2024 by:
Hilda Gilbrist as Seif	
(Name of Person) (Type of Au	(name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification _\( \)	O Type FLDC
Notary Signature May Ware	Notary Stamp or Seal:  EMALEIGH WARD  MY COMMISSION # HH 525762
$\mathcal{O}$	EXPIRES: October 18, 2026