NOTICE OF COMMENCEMENT

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statues, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY:

Tax Parcel: _____

Street Address: _____

Legal Description: _____

2. GENERAL DESCRIPTION IMPROVEMENT(S):

_____

3. OWNER INFORMATION: Name: _____

Interest in Property: _____ Address: _____

Fee Simple Titleholder (if other than owner) Name: _____ Address: _____

4.Contractor: Name: _____ Phone: _____

Address: _____

5.SURETY: Name: _____ Phone: _____

Amount of bond $: _____ Phone: _____

6.Lender: Name: _____ Address: _____ Phone: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

Name: _____ Address: _____ Phone: _____

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.(1)(b), Florida Statues;

Name: _____ Address: _____ Phone: _____

9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified: _____

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director Partner/Manager: _____

Signatory's Title/Office: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence ☐ online notarization, this _____ day of _____, _____ (year) by _____ (name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

_____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Commission Number _____

Personal Known ☐ or Produced Identification _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_____

Signature of Natural Person Signing Above