

Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Arthur McCloskey
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

DOC # 20230026695

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Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

NOTICE OF COMMENCEMENT


State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property** (legal description of property, and street address if available)
4043657 - 1287 MAGIC KINGDOM DR, 11-24-27-0000-00-001
2. **General description of improvement**
General Construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name
Address
4. **Contractor**
Name Delta Scientific Corp Telephone Number
Address 40355 Delta Lane, Palmdale, CA 93551
5. **Surety**
Name Telephone Number
Address Amount of Bond \$
6. **Lender**
Name Telephone Number
Address
7. **Persons within the State of Florida designed by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name Megan Kelley, Facility Asset Management (FAM) Telephone Number 407-939-4963
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name Arthur McCloskey Telephone Number
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)
1/13/2024

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.

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



Signature of Owner or Lessee, or Owner's or
Lessee's Authorized Officer/Director/Partner/Manager

Arthur McCloskey / Project Rep. / FAM

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13 day of 01/2023, by Arthur McCloskey
month/year

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 name of Notary Republic

Personally known ☒ OR Produced ID _____

Type of ID Produced _____

