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

DOC # 20230135344

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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 Statues, the following information is provided in this Notice of Commencement.

| Description of Property (legal description of property, and str 1210016.F1 - 1400 MAGIC KINGDOM DR. BAY LAKE, FL, 11 001 | |
|--|--|
| 2. General description of improvement | |
| General Construction | |
| 3. Owner Information or Lessee information if the Lessee cor | tracted for the improvement |
| Name Walt Disney World Resort | |
| Address P.O. Box 10000, Laké Buena Vista, FL 32830 | |
| Interest in Property Owner | W |
| Name and address of fee simple titleholder (if diffrerent from | n Owner listed above) |
| <u>N</u> ame | |
| Address | |
| 4. Contractor | · |
| Name Coastal Steel Inc | Telephone Number (407) 827-4309 |
| Address P.O. Box 22153, Lake Buena Vista, FL 32830 | |
| 5. Surety | |
| Name | Telephone Number |
| Address | Amount of Bond \$ |
| 6. Lender | |
| Name | Telephone Number |
| Address | |
| Persons within the State of Florida designed by Owner upo as provided by Section 713.13(1)(b), Florida Statues. | n whom notices or other documents may be served |
| Name Megan Kelley, Facility Asset Management (FAM) | Telephone Number 407-939-4963 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830- | |
| 8. In addition to himself or herself, Owner designates the foll provided by Section 713.13(1)(b), Florida Statues. | |
| Name Emma Benezra | Telephone Number |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1 | |
| Expiration date of notice of commencement (the expiration and final payment to the contractor, but will be 1 year from the date 3/8/2024 | e of recording unless a different date is specified) |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIC PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF C SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCIF COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury, I declare that I have read the foregoing. | ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB NG, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE |
| stated in it are true to the best of my knowledge and belief. | |
| N | Emma Benezra / Project Rep. / FAM |
| Signature of Owner or Lessee, or Owner's or | Signatory's Printed Name/Title/Office |
| Lessee's Authorized Officer/Director/Partner/Manager | |
| The foregoing instrument was acknowledged before me this 9th | day of March 2023 , by Emma Benezra |
| as Authorized Signatory for | Walt Disney World Resort |
| Type of authority, e.g., officer, trustee, altorney in fact | Name of party on behalf of whom instrumentwas executed |
| * *********************************** | |
| Signalize of Notery Public - State of Florida | Megan Kelley Print, type, or stamp name of Notary Republic |
| | The state of the s |
| Personally known OR Produced ID Type of ID Produced | MEGAN KELLEY Notary Public - State of Florida Commission # HH 34123 My Comm. Expires Aug 19, 2024 |
| | Bonded through National Notary Assn. |