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

## DOC # 20230429810

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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.

|  |   | Troube of Commencement.                       |
|--|---|---|
|  | of Property (legal description of property, and street ac<br>385 E VISTA BLVD, Lake Buena Vista 32830, 17-24-28 |   |
| 2. General des   | cription of improvement   |   |
| <u>Mechanical</u>  |   |   |
|  | mation or Lessee information if the Lessee contract   | ed for the improvement                        |
|  | /alt Disney World Resort  |   |
| ***************************************  | P.O. Box 10000, Lake Buena Vista, FL 32830  |   |
|  | roperty Owner address of fee simple titleholder (if diffrerent from Ow  | per listed above)                             |
| Name   | address of the simple interiorder (if difficient from ow  | not listed above)                             |
| Address  |   |   |
| 4. Contractor  |   |   |
| Name F   | HARPER LIMBACH LLC  | Telephone Number 407-280-3213                 |
| Address  |   |   |
| 5. Surety  |   |   |
| Name   |   | Telephone Number                              |
| Address  |   | Amount of Bond \$                             |
| 6. Lender  |   |   |
| Name   |   | Telephone Number                              |
| Address 7 Persons with   | hin the State of Florida designed by Owner upon wh  | om naticae ar athar documente may be carred   |
| as provided by   | Section 713.13(1)(b), Florida Statues.  |   |
|  | legan Kelley, Facility Asset Management (FAM)  2.O. Box 10000, Lake Buena Vista, Florida 32830-1000             | Telephone Number 407-939-4963                 |
| 8. In addition t   | to himself or herself, Owner designates the following ction 713.13(1)(b), Florida Statues.                      | g to receive a copy of the Lienor's Notice as |
|  | evin Chupp  | Telephone Number                              |
|  | P.O. Box 10000, Lake Buena Vista, Florida 32830-1000  | releptione Number                             |
| 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)  7/29/2024   |   |   |
| 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.   |   |   |
|  | Levin Chapp   |   |
|  |   | Kevin Chupp / Project Rep. / FAM              |
|  | e of Owner or Lessee, or Owner's or   | Signatory's Printed Name/Title/Office         |
|  | norized Officer/Director/Partner/Manager  | water who is the                              |
| The foregoing in   | strument was acknowledged before me this  | day of OVASB, by PRAN Chapp                   |
| as Type of   | Authorized Signatory for authority, e.g., officer, trustee, altorney in fact N                                  | Walt Disney World Resort                      |
| th was   | CW! D   |   |
| Signatur   | e of Notary Public - State of Florida   | Print, type, or stamp name of Notary Republic |
|  | . 4   |   |
| Personally known   | OR Produced ID  | Notary Public State of Florida                |
| Type of ID Produc  | ed  | Heather M Kind                                |
| ,,,  |   | My Commission HH 209610                       |
|  |   | Exp. 3/2/2026                                 |