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

DOC # 20230556117

09/27/2023 11:52 AM Page 1 of 1

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.

| | | , | The state of Commoncomone, |
|-------------|---|--|--|
| 1. D |)escripti | on of Property (legal description of property, and | street address if available) |
| | | .2.F - 555 Stage LN #B, BAY LAKE, FL 34747 | , |
| | | 17-0000-00-003 | - y - y - y - y - y - y - y - y - y - y |
| | General description of improvement General Construction | | |
| | | Construction formation or Lessee information if the Lessee (| |
| | | | contracted for the improvement |
| | Name | Walt Disney World Resort | |
| | | P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Į. | nterest ii Name an | n Property Owner ad address of fee simple titleholder (if diffrerent | from Owner listed should |
| | | io adoress of lee simple titleholder (ii diliterent | nom Owner listed above) |
| - | Name Address | | |
| | ontracto | | ************************************** |
| | lama | Farran Bondana 8 On dendina I | |
| - | Name | Ferran Services & Contracting Inc | Telephone Number 407-422-3551 |
| 5. Si | | 530 Grand St, Orlando, FL 32805-4795 | |
| | - | | |
| - | Name | | Telephone Number |
| - | Address ender | 1775-017-0000000000000000000000000000000 | Amount of Bond \$ |
| | | | |
| | <u>Name</u> | | Telephone Number |
| | Address | within the State of Elevide designed by C | |
| as or | rovided | by Section 713.13(1)(b), Florida Statues. | upon whom notices or other documents may be served |
| | | | The second of th |
| | vame Address | Megan Kelley, Facility Asset Management (FAM) P.O. Box 10000, Lake Buena Vista, Florida 3283 | |
| 8. lin | nadditio | on to himself or herself. Owner designates the | following to receive a copy of the Lienor's Notice as |
| provi | ided by | Section 713.13(1)(b), Florida Statues. | concerning to receive a copy of the Lienter's Notice as |
| | Name | Jordyn Duncan | Telephone Number 407-939-4671 |
| - | | P.O. Box 10000, Lake Buena Vista, Florida 3283 | |
| /600 | *************************************** | | on date may not be before the completion of construction |
| and fi | inal pavn | ment to the contractor, but will be 1 year from the d | atte of recording unless a different date is specified) |
| uu | mai payi | 9/25/2 | |
| WARN | ING TO O | WNFR: ANY PAYMENTS MADE BY THE OWNED AFTED TO | HE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE |
| CONSI | IDERED IN | MPROPER PAYMENTS UNDER CHAPTER 713 PART I SEC | STION 713 13 FLORIDA STATUTES AND CAN DESULT IN VOLID |
| PAYIN | IG IWICE | FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE O | F COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB NCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE |
| СОММ | ENCING \ | WORK OR RECORDING YOUR NOTICE OF COMMENCEME | INT. |
| Unde | er penalt | v of periury. I declare that I have read the foreg | joing notice of commencement and that the facts |
| state | d in it ar | re true to the best of my knowledge and belief. | joing notice of commencement and that the facts |
| | | | |
| | | 1 1/21 | |
| | 1 | | |
| 4 | (/ - | 1 - 16/2 | |
| -// | 1/1/ | V Q W (b K)/(C) | |
| 11 | 142 | 1/ MIKOU | Jordyn Duncan / Project Rep. / FAM |
| 7 | Signa | tire of Owner or Lessee, or Owner's or | Signatory's Printed Name/Title/Office |
| . I | Lessee's/ | Authorized Officer/Director/Partner/Manager | |
| The fo | nranoloa | instrument was acknowledged before me this | 27 day of 09/2023, by Jordyn Dunca |
| ille it | negong | instrument was acknowledged before me this | |
| as | | Authorized Signatory for | month/year |
| as <u> </u> | Tyno | Authorized Signatory for of authority, e.g., officer, trustee, attorney in fact | Walt Disney World Resort |
| | Type | or admonty, e.g., chicar, fidales, anomey in raci | Name of party on behalf of whom instrumentwas executed |
| | ~ ~ | | 11 00 11 |
| V | <u> </u> | refer Jelle | Medantellen |
| · | ទីផ្នែក១ | sture of Notary Public - State of Florida | Print, type, or stamp name of Notary Republic |
| | | , 3 | |
| Perso | onally know | wnOR Produced ID | |
| | | 10.4 | MEGAN KELLEY |
| Туре | of ID Proc | duced | Notary Public - State of Florida Commission # HH 34123 |
| | | | My Comm. Expires Aug 19, 2024 |
| | | | Bonded through National Notary Assn. |
| | | | |