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

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11/16/2023 10:58 AM Page 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

Expires 8/27/2027

NOTICE OF COMMENCEMENT

| State of Florida, County of Orang | State | of Florida | a. 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 street ac | ddress if available) |
|--|--|
| Rectifier Rectifier 3 Building-2261 N World Drive Tax ID 11-24-2 | • |
| General description of improvement | EL-00000- |
| Electrical Work | |
| Owner information or Lessee information if the Lessee contract | sed for the improvement |
| Name Walt Disney World Resort | |
| Address P.O. Box 10000. Lake Buena Vista, FL 32830 | 1990-1990-1990-1990-1990-1990-1990-1990 |
| Interest in Property Owner | |
| Name and address of fee simple titleholder (if diffrerent from Own | ner listed above) |
| Name | |
| Address | |
| Contractor | PRODUCTION PRO |
| Name Maddox Electrical Comp | Telephone Number 407.934.8084 |
| Address 710 Garden Commerce Parkway. Winter Garden FL | |
| Surety | |
| Name | Telephone Number |
| Address | Amount of Bond \$ |
| ender | |
| | Tolophono Number |
| Name Address | Telephone Number |
| Persons within the State of Florida designed by Owner upon wh | om notices or other documents may be served |
| provided by Section 713.13(1)(b), Florida Statues. | on honor of only about his no volve |
| Name Megan Kelley, Facility Asset Management (FAM) | Telephone Number 407-939-4963 |
| Address P.O. Box 10000, Lake Buena Visla, Florida 32830-1000 | Telephone (4uniber 407-333-4303 |
| n addition to himself or herself, Owner designates the following | g to receive a copy of the Lienor's Notice as |
| rided by Section 713.13(1)(b), Florida Statues. | , |
| Name | Telephone Number |
| Address | |
| Expiration date of notice of commencement (the expiration date is | may not be before the completion of anotheration |
| final payment to the contractor, but will be 1 year from the date of re | |
| | - |
| INING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIR. ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 | |
| ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMME | INCEMENT MUST BE RECORDED AND POSTED ON THE JOB |
| BEFORE THE FIRST INSPECTION, IF YOU INTEND TO OBTAIN FINANCING, CO MENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. | INSULT WITH YOUR LENGER OR AN ATTORNEY BEFORE |
| | - 1 1 |
| ler penalty of perjury, I declare that I have read the foregoing no led in it are true to the best of my knowledge and belief. | tice of commencement and that the facts |
| ed in it are tide to the best of my knowledge and belief. | |
| | |
| \sim | |
| | , |
| | 5.10 Mn |
| Visite Men 1) | in Ne Casthella- Due. |
| Signature of Owner or Cessee, or Owner's or | cane Eastberg - Sue. Mn. Signatory's Printed Name/Title/Office day of Mov. 2023, v Dure Eastberg |
| Lessee's Authorized Officer/Director/Partner/Manager | Signalory's Printed Name/Title/Office |
| | 1h.12 an O in the |
| foregoing instrument was acknowledged before me this | day of MOV. AD ABY WELL COST DELLY |
| <u>. I</u> | month/year |
| Authorized Signatory for | Walt Disney World Resort |
| Type of authority, e.g., office, trustee attorney in fact N | iame of party on behalf of whom instrumentwas executed |
| // // // | |
| Transie le la consodor | |
| Signature of Notary Wiblic - State of Florida | Print type or stamp name of Notary Republic |
| - agreement make value of Charles | That type of stamp name or rectary responds |
| OR Renduced IC | LAURIE A. ACEVEDO |
| sanally known OR Produced ID | Notary Public |
| ne at ID Oradinand | MOCSTY Public |