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

DOC # 20240002776

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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

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.

/13, Fiorida S	statues, the following information is provided in	INIS	Notice	of Commend	ement.		
•	on of Property (legal description of property, a - 2221 ORLEANS DR # A, 20-24-28-0000-00-		street a	ddress if avai	lable)		
2. General d	lescription of improvement						
	Construction						
3. Owner inf	formation or Lessee information if the Less	ee 0	contrac	ted for the in	nprover	nent	
Name	Walt Disney World Resort						
	P.O. Box 10000, Lake Buena Vista, FL 3283	0					
	Property Owner		A				
	d address of fee simple titleholder (if diffrere	enti	rom O	vner listed ab	ove)		
Name Address							
Contracto	XX = W						
Name	Electro-Mechanic Industries, Inc.				Telenho	ne Numbei	407-704-9400
Address	1255 La Quinta Drive, Orlando, FL 32809				relepilo	ne Number	407-704-9400
Surety	1233 La Quinta Diffe, Charlett, i E 32009			······································	·		
Name					Telenho	ne Numbe	•
Address						of Bond S	
. Lender							
Name				-	Telenho	ne Numbe	7
Address					COPIIC	110 11011100	
	vithin the State of Florida designed by Own	er u	ipon w	hom notices	or othe	r documei	nts may be served
	by Section 713.13(1)(b), Florida Statues.		•				-
Name	Megan Kelley, Facility Asset Management (F.	AM))		Telepho	ne Numbe	r 407-939-4963
	P.Ö. Box 10000, Lake Buena Vista, Florida 3	3283	30-1000				
	on to himself or herself, Owner designates t	he 1	followi	ng to receive	а сору	of the Lie	nor's Notice as
provided by	Section 713.13(1)(b), Florida Statues.						
<u>Name</u>	Jay Andreani				Telepho	ne Numbe	<u>r</u>
Address	P.O. Box 10000, Lake Buena Vista, Florida 3	3283	30-1000)			
	n date of notice of commencement (the exp nent to the contractor, but will be 1 year from t 12/	he d					
CONSIDERED IF PAYING TWICE SITE BEFORE T	WINER: ANY PAYMENTS MADE BY THE OWNER AFTI MPROPER PAYMENTS UNDER CHAPTER 713, PART I, FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC HE FIRST INSPECTION. IF YOU INTEND TO OBTAIN F WORK OR RECORDING YOUR NOTICE OF COMMENC	, SEC CE O INAI	CTION 71 OF COMM NCING, (13.13, FLORIDA IENCEMENT MU	STATUTE ST BE RE	S, AND CAN	I RESULT IN YOUR ND POSTED ON THE JOE
	ty of perjury, I declare that I have read the fore true to the best of my knowledge and bel			otice of com	mencer	nent and t	hat the facts
A STATE OF THE STA				Jay Ar	ndreani /	Project Re	ep. / FAM
	ature of Owner or Lessee, or Owner's or Authorized Officer/Director/Partner/Manager			Si	gnatory's I	Printed Name	/Title/Office
The foregoing	instrument was acknowledged before me this	· _	29	day of Dec	ember 2		Jay Andreani
is	Authorized Signatory	for			•	y World Re	esort
	e of authority, e.g., officer, trustee, attorney in fact						mentwas executed
4vi	LL 9VL ature of Notary Public - State of Florida		<u></u>	noja Prosesso	LAIS.	ERIN O	*
Personally kno	V					State of Comm# I	Florida HH417421
Tues of ID Des					La.	Expires 7	/5/20 27