Prepared by/record and return to:

Walt Disney World Resort Attn: Brandon Radice P.O. Box 10000 Lake Buena Vista, FL 32830-1000

8.

Permit No.		Permit No.	Tax Folio No	Tax Folio No	
		NOTICE O	F COMMENCEMENT		
Sta	te of F	lorida, County of Orange			
			ements will be made to certain real propert nformation is provided in this notice of com		
1.	Description of property: 1396 Magic Kingdom Dr #C : Tax ID # 11-24-27-000000-001			1	
2.	Ger	General description of improvements: Mechanical			
3.	Owner Information:				
	(a)	(a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830			
	(b)	(b) Interest in property: Owner			
	(c)	Name and address of fee simple titleh	nolder (if other than Owner):		
4.	(a)	Contractor (name and address): Sum 2280	mit Fire & Security Old Lake Mary Road; Sanford FI, 32771		
	(b)	Contractor's phone number: 407-688	-1949		
5.	Surety:			Mortgage Doc Tax: \$0.00	
	(a) (b)	Name and address: Phone number:		Intangible Tax: \$0.00 Phil Diamond, Comptroller Orange County, FL	
	(c)	Amount of Bond:			
6.	(a) (b)	Lender (name and address): Lender's phone number:		Ret To: SIMPLIFILE LC	
7.	(a) (b) (a) (b)	may be served as provided by Section Dave Ellis, Sourcing & Procurement Phone numbers of designated person In addition to himself or herself, Owne	r designates Ivan Diaz ce as provided in Section 713.13 (1)(b), F	and address): na Vista, Florida 32830-1000 of Magic Kingdom	
9.		ration date of notice of commencemen ss a different date is specified):	t (the expiration date is 1 year from the dat	e of recording	
OF C SECT IMPR POST CONS	OMME FION <u>7</u> ROVEN TED O SULT	ENCEMENT ARE CONSIDERED IMPR 13.13 , FLORIDA STATUTES, AND CA IENTS TO YOUR PROPERTY. A NOT N THE JOB SITE BEFORE THE FIRS	BY THE OWNER AFTER THE EXPIRATION OPER PAYMENTS UNDER CHAPTER 7-4 AN RESULT IN YOUR PAYING TWICE FOR ICE OF COMMENCEMENT MUST BE RETURN OF THE PROPERTY OF THE PARTY OF THE PA	13, PART I, DR CORDED AND AIN FINANCING, R RECORDING	
	Se	inf Sult	Bernie Buonik /Mli	r encsusmk	
		Signature of Owner	Signatory's Printed Name	e/Title/Office	
The fo		er's Authorized officer/Director/Partner/Manager) instrument was acknowledged before me this	day of March, 20 24, by	,as	
			•		
	(Type of	Authorized Signatory f authority, e.g., officer, trustee, attorney-in-fact)	Walt Disney World F		
-0	Name	120			
	Sig	gnature of Notary Public - State of Florida	(Print Lufe, do Starina Commissispedia)	EER, SHAFFER	
	-	ally Known A OR Produced I	EXPIR	IISSION #7HH 292181 RES: July 25, 2026	
		ID Produced	Service Control of the Control of th		
Verif	fication p	oursuant to Section 92.525 ,Florida Statutes: U	Inder penalties of perjury, I declare that I have read	1 17	
		and that the facts stated in it are true to the bes			
	No.	1814	Signature of Natural Pers		

of 1