Permit Number: \_ Folio/Parcel ID #: 282428000000020 Prepared by: Matthew Yearwood 1442 E Buena Vista Dr. Lake Buena Vista FL 32830 Return to: Jim William Fence Company DOC # 20240191419 04/02/2024 15:13 PM 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

|                | 4 E Rose Street  |  |
|----------------|--|--|
|                | keland FL 33801  |  |
|                | NOTICE OF COMMENCEME   | ·NT  |
| St-            | ate of Florida, County of Orange   | ,1 <b>4</b> L  |
|                | ate of Florida, County of Orange<br>le undersigned hereby gives notice that improvement will   | he made to certain real property, and in accordance  |
| اللل<br>افتيما | th Chapter 713, Florida Statutes, the following information  | n is provided in this Notice of Commencement   |
| 1              | Description of property (legal description of the prope  | rty, and street address if available)  |
| ١.             | Among the market by the transfer   | ty, and street address if available)   |
| 2.             | General description of improvement   |  |
| _              | Install 250' 8' high chain link fenceing with scrim  |  |
| 3.             | Owner information or Lessee information if the Less  |  |
|                | Name Walt Disney World Parks & Restors   |  |
|                | Address P.O Box 471010 Kissimmee FL 34747  |  |
|                | Interest in Property Owner  Name and address of fee simple titleholder (if difference)   | and from Ourse listed about)   |
|                | Name and address of fee simple titleholder (if different from Owner listed above)  Name  |  |
|                | Name   |  |
| ,              | Address  |  |
| 4.             | Contractor Name Jim William Fence Company Address 934 E. Rose Street Lakeland FL 33801 Surety (if applicable, a copy of the payment bond is atta | Telephone Number (863) 688-1194  |
|                | Address 934 E. Rose Street Lakeland El. 33801  | relephone Mumber (500) 500 1101  |
| E              | Surety (if applicable, a copy of the payment bond is atta  | achad)   |
| Э.             | Name   |  |
|                | Address  |  |
| 6              | Lender   | Amount of Bond V   |
| Q.             | Name   | Telephone Number   |
|                | Address  | Total priority reality of  |
| 7              | Persons within the State of Florida designated by C  | wher upon whom notices or other documents may  |
| ۲.             | be served as provided by §713.13(1)(a)7, Florida St  | atutes.  |
|                | Name   | Telephone Number   |
|                | Address  |  |
| 8.             | In addition to himself or herself, Owner designates  | the following to receive a copy of the Lienor's  |
|                | Notice as provided in \$713.13(1)(b). Florida Statutes.  |  |
|                | Name_  | Telephone Number   |
|                |  |  |
| 9.             | Expiration date of notice of commencement (the ex  | piration date will be 1 year from the date of recording  |
|                | unless a different date is specified)  |  |
|                |  |  |
| RNIN           | NG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER 1<br>INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART                                       | THE EXPIRATION OF THE NOTICE OF COMMENCEMENT   |
| SULT           | I IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROP   | ERTY, A NOTICE OF COMMENCEMENT MUST BE   |
| CORE           | DED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPE  | CTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT  |
| H YC           | OUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK   | OR RECORDING YOUR NOTICE OF COMMENCEMENT.  |
|                | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (  | DANIFLO BRADS MGR ENC  |
| سمیه<br>nature | re of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Direct  |  |
|                |  | 1 day of 04 by by Daniel Brads   |
| e tor          | regoing instrument was acknowledged before me this   | month/year name of person / O  |
| Щ              | KITHULISTY SIGNCHOLA for 1   | walt Disnevilooved Keso  |
|                | Type of authority, e.g., officer, trustee, attorney in fact  | Name of party on behalf of whom instrument was executed  |
|                | 1  |  |
| $\searrow$     | Uma-Mai Hood   | tr   |
| 1              | Signature of Notary Public – State of Florida  | Print, type, or stamp commissioned name of Notary Public   |
|                | Organization of Floridity 1 during Oracle of Florida   | the the terminal and th |
| Pe             | rsonally Known XOR Produced ID   | ······································   |
|                | pe of ID Produced  | Notary Public State of Fforida   |
| - 7!           |  | Delma-Marie Hope Klinger My Commission HH 118364   |
|                |  | Expires 04/18/2025   |