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

DOC # 20240240249

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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

| State of Florida, | Count | v 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.

1. Description of Property (legal description of property, and street address if available)

| 404693 | 8 - 1600 Timber Trail, 272412000000005 | ,, , , , , , , , , , , , , , , , , | | |
|---------------------------|--|--|--|--|
| 2. General | description of improvement | | | |
| | al Work | | | |
| Owner I | Owner information or Lessee information if the Lessee contracted for the improvement | | | |
| Name | Walt Disney World Resort | • | | |
| Address | s P.O. Box 10000, Lake Buena Vista, FL 32830 | | | |
| Interest | in Property Owner | | | |
| Name a | and address of fee simple titleholder (if diffrerer | it from Owner listed above) | | |
| Name | | · | | |
| Address | | | | |
| 4. Contrac | tor | * · · · · · · · · · · · · · · · · · · · | | |
| Name | SOLUTION SOURCE, INC. | Telephone Number | | |
| Address | | | | |
| 5. Surety | | | | |
| Name | | Telephone Number | | |
| Address | | Amount of Bond \$ | | |
| 6. Lender | | | | |
| Name | | Telephone Number | | |
| Address | | | | |
| 7. Persons | within the State of Florida designed by Owner | upon whom notices or other documents may be served | | |
| | by Section 713.13(1)(b), Florida Statues. | | | |
| Name | Megan Kelley, Facility Asset Management (FAI | M) Telephone Number 407-939-4963 | | |
| Address 8 In addit | P.O. Box 10000, Lake Buena Vista, Florida 32 | 830-1000 of following to receive a copy of the Lienor's Notice as | | |
| provided by | y Section 713.13(1)(b), Florida Statues. | tollowing to receive a copy of the Lienor's Notice as | | |
| Name | Nadia Varela | Telephone Number | | |
| | P.O. Box 10000, Lake Buena Vista, Florida 32 | | | |
| | | tion date may not be before the completion of construction | | |
| and final pay | ment to the contractor, but will be 1 year from the | date of recording unless a different date is specified) | | |
| , , | 6/30 | /2025 | | |
| WARNING TO | OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER | THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE | | |
| CONSIDERED | IMPROPER PAYMENTS UNDER CHAPTER 713. PART I. S. | ECTION 713-13 FLORIDA STATUTES AND CAN DESULT IN VOLID | | |
| SHE BEFORE | THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FIN. | OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB ANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE | | |
| COMMENCING | WORK OR RECORDING YOUR NOTICE OF COMMENCES | MENT. | | |
| Under pena | Ity of perjury, I declare that I have read the fore | egoing notice of commencement and that the facts | | |
| stated in it a | are true to the best of my knowledge and belie | ī. · · · · · · · · · · · · · · · · · · · | | |
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| | | | | |
| // | | Nadio Verelo / Breinst D / EAR | | |
| | | Nadia Varela / Project Rep. / FAM | | |
| Lessee's | ature of Owner or Lessee, or Owner's or Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office | | |
| | - | all all his its in all | | |
| The foregoin | g instrument was acknowledged before me this | 24 day of 04/24, by Naclia Varela | | |
| | • | month/year | | |
| as | Authorized Signatory fo | | | |
| Λ ^(γ) | pe of authority, e.g., officer, trustee, altomey in fact | Name of party on behalf of whom instrumentwas executed | | |
| \mathcal{A} . | 100 00 1 | 1 10 0 1 | | |
| XMU | Well IT unders | Lindsay Punday | | |
| Sign | nature of Notary Public - State of Florida | Print, type, or stamp name of Notary Republic | | |
| | \mathcal{L} | = 0 | | |
| Personally kn | ownXOR Produced ID | antipotors, | | |
| T | | LINDSAY PUNDAY | | |
| Type of ID Pro | oduced | Notary Public - State of Florida Commission # HH 501112 | | |
| | | My Comm. Expires Mar 7, 2028 | | |
| | | Bonded through National Notary Assn. | | |