Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Kyle Indingaro P.O. 80x 10000 Lake Buena Vista, FL 32830-1000

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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, | County | of | Orange |
|-------------------|--------|----|--------|
|-------------------|--------|----|--------|

General Construction

Interest in Property Owner

2. General description of improvement

Name Walt Disney World Resort

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)

3. Owner information or Lessee Information if the Lessee contracted for the improvement

Name and address of fee simple titleholder (if diffrerent from Owner listed above)

4046017 - 851 TIMBERLINE DR, BAY LAKE, 12-24-27-0000-00-002

Address P.O. Box 10000, Lake Buena Vista, FL 32830

| Name | |
|--|--|
| Address | |
| 4. Contractor | |
| Name CEC General Contractors Inc | Telephone Number |
| Address PO Box 22621, Lake Buena Vista, FL 32830 | |
| 5. Surety | |
| Name | Telephone Number |
| Address | Amount of Band S |
| 6. Lender | |
| Name | Telephone Number |
| Address | |
| 7. Persons within the State of Florida designed by Owner a | ipon whom notices or other documents may be served |
| as provided by Section 713.13(1)(b), Florida Statues. | |
| Name Megan Kelley, Facility Asset Management (FAM | Telephone Number 407-939-4963 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 3283 | |
| 8. In addition to himself or herself, Owner designates the | following to receive a copy of the Lienor's Notice as |
| provided by Section 713.13(1)(b), Florida Statues. | |
| Name Kyle Indingaro | Telephone Number |
| Address P.O. Box 10000, Lake Suena Vista, Florida 3283 | |
| Expiration date of notice of commencement (the expiration and final payment to the contractor, but will be 1 year from the contractor. | fate of recording unless a different date is specified) |
| Under penalty of perjury, I declare that I have read the forest stated in it are true to the best of my knowledge and belief. | poing notice of commencement and that the facts |
| 1 nd | Kyle Indingaro / Project Rep. / FAM |
| Signature of Owner or Lessett or Owner's or essee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| The foregoing instrument was acknowledged before me this | 17 day of 12/24 by Kyle Indingaro |
| as Authorized Signatory for | Walt Disney World Resort |
| / Type of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrumentwas executed |
| Signature of Notary Public - State of Florida | Print, Type, or stamp name of Notary Republic |
| Personally known OR Produced ID Type of ID Produced | LINDSAY PUNDAY Notary Public - State of Florida Commission # HH 501112 My Comm. Expires Mar 7, 2028 Bonded through National Notary Assn. |
| | |