Permit Number: Folio/Parcel Identification Number: Prepared by and Return to:
Wait Disney World Resort - FAM
Attn: Arthur McCloskey
P.O. Box 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 F | lorida | , Cau | ınty | of O | range |
|-------|------|--------|-------|------|------|-------|
|       |      |        |       |      |      |       |

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.

| Description of Property (legal description of property, and street address if available)     4048238 - 4421 Floridian Wy, Bay Lake, FL 32830, 11-24-27-0000-00-002  |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| 2. General description of improvement   |   |  |  |  |  |  |  |  |
|   | General Construction  |  |  |  |  |  |  |  |
| 3.  | Owner information or Lessee information if the Lessee contracted for the improvement    |  |  |  |  |  |  |  |
|   | Name Walt Disney World Resort   |  |  |  |  |  |  |  |
|   | Address P.O. Box 10000, Lake Bu   | Address P.O. Box 10000, Lake Buena Vista, FL 32830                 |  |  |  |  |  |  |
|   | Interest in Property Owner  |  |  |  |  |  |  |  |
|   | Name and address of fee simple titleholder (if diffrerent from Owner listed above)      |  |  |  |  |  |  |  |
|   | Name  |  |  |  |  |  |  |  |
| a   | Address<br>Contractor   |  |  |  |  |  |  |  |
| ٠,  |   |  |  |  |  |  |  |  |
|   | Name THE RODERICK GROUP   |  | Telephone Number   |  |  |  |  |  |
| _   | Address 3361 ROUSE RD 140, O  | RLANDO, FL 32817-21  | 145  |  |  |  |  |  |
| Э.  | Surety  |  |  |  |  |  |  |  |
|   | Name  |  | Telephone Number   |  |  |  |  |  |
| 6   | Address<br>Lender   |  | Amount of Bond \$  |  |  |  |  |  |
| ٥.  |   |  |  |  |  |  |  |  |
|   | Name<br>Address   |  | Telephone Number   |  |  |  |  |  |
| 7.  |   | designed by Owner (  | pon whom notices or other documents may be served  |  |  |  |  |  |
| as  | provided by Section 713.13(1)(b), F   | lorida Statues.  | ·  |  |  |  |  |  |
|   | Name Megan Kelley, Facility Ass<br>Address P.O. Box 10000, Lake Bu                      |  |  |  |  |  |  |  |
| 8.  |   |  | following to receive a copy of the Lienor's Notice as  |  |  |  |  |  |
| рга   | vided by Section 713.13(1)(b), Flori  | da Statues.  | to receive a copy of the cionor's reduce as  |  |  |  |  |  |
|   | Name Arthur McCloskey   |  | Telephone Number   |  |  |  |  |  |
|   | Address P.O. Box 10000, Lake Bu   | ena Vista, Florida 3283  |  |  |  |  |  |  |
| 9.  | Expiration date of notice of comme  | encement (the expirati   | on date may not be before the completion of construction   |  |  |  |  |  |
| WAR   | RNING TO OWNER: ANY PAYMENTS MADE<br>NSIDERED IMPROPER PAYMENTS UNDER C                 | <u>7/31/2</u><br>BY THE OWNER AFTER TI<br>CHAPTER 713, PART I, SEC | HE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE STION 713.13. FLORIDA STATUTES. AND CAN RESULT IN YOUR |  |  |  |  |  |
| PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB<br>SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE<br>COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. |   |  |  |  |  |  |  |  |
| Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.  |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   | 11. 14 1 1.1  |  |  |  |  |  |  |  |
|   | Setten Melic Via  |  |  |  |  |  |  |  |
|   | L. M. T. C.   |  | Arthur McCloskey / Project Rep. / FAM  |  |  |  |  |  |
|   | Signature of Owner or Lessee, or Owner<br>Lessee's Authorized Officer/Director/Partner/ |  | Signatory's Printed Name/Title/Office  |  |  |  |  |  |
| Γhe   | foregoing instrument was acknowled  | ged before me this   | 1 day of March 2025, by After Mclosley   |  |  |  |  |  |
| 15  | Authorized Signatory  | / far  | Wait Disney World Resort   |  |  |  |  |  |
|   | Type of authority, e.g., officer, trustee   |  | Name of party on behalf of whom instrumentwas executed   |  |  |  |  |  |
|   | 1 /   | 7  | 1  |  |  |  |  |  |
| _/  | XMressay Sti  | molar  | _ Lindsay Runday   |  |  |  |  |  |
| Ĺ   | Signature of Notary Public   State of Flor  | rida /   | Print, type, or stamp name of Notary Public  |  |  |  |  |  |
| Per   | rsonally known OR Produced ID   |  |  |  |  |  |  |  |
| Type of ID Produced LINDSAY PUNDAY Notary Public - State of Florida   |   |  |  |  |  |  |  |  |
|   |   |  | My Comm. Expires Mar 7, 2009   |  |  |  |  |  |
|   |   |  | Bonded through National Notary Assn.   |  |  |  |  |  |