Permit Number: Fermit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort Attn: Jose Sanchez Palau
P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC # 20250327427

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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

LINDSAY PUNDAY Notary Public - State of Florida Commission # HH 501112 My Comm. Expires Mar 7, 2028

Bonded through National Notary Assn.

NOTICE OF COMMENCEMENT

Th	ate of Florida, County of Orange ie undersigned hereby gives notice that improvement will be papter 713, Florida Statues, the following information is provid	
1.	Description of Property (legal description of property, and	street address if available)
2.	Disney Springs Causeway, 1660 E Buena Vista General description of improvement	Dr, Lake Buena Vista (282428000000001)
	Disney Springs Causeway Bridge Railing Replace	ement
3.	Owner information or Lessee information if the Lessee contracted for the improvement	
	Name Walt Disney World Resort	
	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 Contractor	
٠,		T + 1 + 1 (004) 000 0404
	Name Buena Vista Construction Company	Telephone Number (321) 228-2194
_	Address 3291A E Vista Blvd, Lake Buena Vista, F	L 32830
IJ.	Surety	Talanhana Numbas
	Name Address	Telephone Number Amount of Bond S
6.	Lender	Amount of bond 3
	Name	Telephone Number
	Address	Telephone Humber
7.	Persons within the State of Florida designed by Owner u	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	
_	Address P.O. Box 10000, Lake Buena Vista, Florida 3283	30-1000
	In addition to himself or herself, Owner designates the ovided by Section 713.13(1)(b), Florida Statues.	following to receive a copy of the Lienor's Notice as
μιι	Name Jose Sanchez Palau	Telephone Number (407) 496-5849
'n	Address P.O. Box 10000, Lake Buena Vista, Floric Expiration date of notice of commencement (the expiration)	
	d final payment to the contractor, but will be 1 year from the c	
COI PAY SITI	E BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINAL MMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEME	CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR F COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB NCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE INT.
	der penalty of perjury, I declare that I have read the foreg	joing notice of commencement and that the facts
stated in it are true to the best of my knowledge and belief.		
	5 1 11 H 1 41 1	
J	ose Manuel Sanchez Palau Digitally signed by Jose Manuel Sanchez Palau	Jose Sanchez Palau/Construction Planner/FAM
	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
	Lessee's Authorized Officer/Director/Partner/Manager	
The	e foregoing instrument was acknowledged before me this	4th day of June/2025 by Jose Sanchez Palar
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
,	Lindray Punder	Lindson Aundous
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Republic

OR Produced ID_____

Type of ID Produced ____