Permit Number:	<b>DOC # 20150283903 B: 10930 P: 0939</b> 06/08/2015 07:18 AM Page 1 of 2 Rec Fee: \$18.50
Permit Number:Folio/Parcel ID #:	Deed Doc Tax: \$0.00
Prepared by:	Mortgage Doc Tax. \$0.00
	Intangible Tax: \$0.00
	Martha O. Haynie, Comptroller Orange County, FL
Return to: Abby Brandenburg	D-+ T 000 INO
1365 Avenue of the Stars/PO Box 10321	
Lake Buena Vista, FL 32830	<del>_</del>
NOTICE OF COMMENCE	
State of Florida, County of Orange. The undersigned he	ereby gives notice that improvement will be made to
certain real property, and in accordance with Chapter 7	
provided in this Notice of Commencement. Amending	
Description of property (legal description of the property (legal description of	
2. General description of improvement D.I. A.D. AND FACADES DESIGN PACKAGE	
<ol> <li>Owner information or Lessee information if the I Name Walt Disney Imagineering</li> </ol>	<u> </u>
Address PO Box 10321, Lake Buena Vista, FL 328	30-0321
Interest in Property N/A	
Name and address of fee simple titleholder (if di Name N/A	ifferent from Owner listed above)
Address N/A	
4. Contractor Name SIGN PRODUCERS, INC.	Telephone Number 407-855-8864
Address 555 WEST LANDSTREET RD., ORLAND	
Surety (if applicable, a copy of the payment bond is Name N/A	attached)
Address	Amount of Bond \$
6. Lender	
	Telephone Number
Address	
7. Persons within the State of Florida designated to be served as provided by §713.13(1)(a)7, Florida	by Owner upon whom notices or other documents may a Statutes.
Name_Russell Stokes	Telephone Number <u>407-560-7697</u>
Address PO Box 10321, Lake Buena Vista, FL 328	
8. In addition to himself or herself, Owner designation	
Notice as provided in §713.13(1)(b), Florida Stat	iutes.
Name Beth Dougherty - Contract Accounting	Telephone Number <u>407-560-3660</u>
Address PO Box 10321, Lake Buena Vista, FL 328	SU-USZ I
	e expiration date may not be before the completion of ut will be 1 year from the date of recording unless a
different date is specified) September 30, 201	
ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 7 RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YO RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIR:	R AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT 13, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN UR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE ST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT IG WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
Under penalty of perjury, I declare that I have read facts stated in it are true to the best of my knowled	the foregoing notice of commencement and that the ge and belief.
× .	VP & GM
Signature of Owner or Leasee, o Owner's or Lessee's Authorized O	fficer/Director/Partner/Manager A\ Signatory's Title/Office
The foregoing instrument was acknowledged before me	e this 3 day of July by John C. Blitch
	montn/year name of person
as Vice President & General Manager  Type of authority, e.g., officer, trustee, attorney in fact	for Walt Disney Imagineering  Name of party on behalf of whom instrument was executed
	Pall
Signature of Nojary Public State of Florida	Print, type, or stamp commissioned name of Notary Public
Porconally Known OP Bradward ID	CAROLYN MARY BELLING
Personally Known ——OR Produced ID —— Type of ID Produced	NOTARY PUBLIC
··	— SI 2 SECRATE OF ELOPIDA

CAROLYN MARY BELLING
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF099835
Expires 7/5/2018

Form content revised: 9/26/11; format revised 9/18/12

# **ATTACHMENT "A"**

# **DESCRIPTION OF PROPERTY**

LOCATION "1" - 655 W. Savannah Circle, Bay Lake, FL

LOCATION "2" - 691 W. Savannah Circle, Bay Lake, FL

LOCATION "3" - 675 W. Savannah Circle, Bay Lake, FL

LOCATION "4" - 715 W. Savannah Circle, Bay Lake, FL

LOCATION "5" - 665 W. Savannah Circle, Bay Lake, FL

80504/Travel Lodge ORU58

Permit Number: BD15-0255

Return to:

Folio/Parcel Identification Number: 21-24-28-0000-00-027

Prepared by: United Commercial Real Estate

4027 West First Street, Sanford, FL 32771 Lea Collins, United Commercial Real Estate

4027 West First Street, Sanford, FL 32771

DOCH 20150285684 B: 10930 P: 6349 06/08/2015 02:11:47 PM Page 1 of 1 Rec Fee: \$10.00 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: UNITED COMMERCIAL REAL ES



#### NOTICE OF COMMENCEMENT

MOTICE OF COMMENCEMENT			
State of Florida, County of Orange			
The undersigned hereby gives notice that improve			
	13, Florida Statutes, the following information is provided in this Notice of Commencement.		
<ol> <li>Description of property (legal description of 2000 Hotel Plaza Blvd, Lake Buena Vista, FL</li> </ol>		s if available)	
General description of improvement(s)     Replacing antennas, adding radios and lines			
3. Owner information			
Name Verizon Wireless	Telephone Number		
Address 777 Yamato Rd, #600, Boca Raton, F			
4. Fee Simple Title Holder (if other than owner			
Name Walt Disney Parks & Resorts US Inc			
Address C/O Westmont Hospitality Group, 5847 S	an Felipe St, Ste 4650, Houston	, TX 77057	
5. Contractor			
Name Betacom Incorporated / Rangla M	looney	Telephone Number 813-986-4922	
Address 9331 E Fowler Avenue, Thonotosassa, Fl	_ 33592 /		
6. Surety (if any)			
Name NA	Telephone Number NA		
Address NA	Amount of bond \$ NA		
7. Lender (if any)	•		
Name NA	Telephone Number NA		
Address NA			
provided by §713.13(1)(a)7, Florida Statute Name Josephine Conde	s. _Telephone Number	tices or other documents may be served as	
Address 777 Yamato Road, Suite 600, Boca Rator			
9. In addition to himself or herself, Owner de		ive a copy of the Lienor's Notice as	
provided in §713.13(1)(b), Florida Statutes			
Name	Telephone Number		
Address			
10. Expiration date of notice of commenceme date is specified)			
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OCONSIDERED IMPROPER PAYMENTS UNDER CHAPTER TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOBEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTOMMENCING WORK OF RECORDING YOUR NOTICE O	713, PART I, SECTION 713.13, FLORIDA OTICE OF COMMENCEMENT MUST I FAIN FINANCING CONSULT WITH Y	A STATUTES, AND CAN RESULT IN YOUR PAYING BE RECORDED AND POSTED ON THE JOB SITE	
Signature of Owner	Signatory'	s Printed Name/Title/Office	
(or Owner's Authorized Officer/Director/Partner/Manager §713 The foregoing instrument was acknowledged before	13[1][4])		
0 1	(year)	(name of person)	
as Hoord for			
(Type of authority, e.g., officer, trustee, attorney in fact)	(Name of party on behalf of whom i	•	
Signature of Notary Public – State of Florida	(Print, type, or stamp commission	<del></del>	
Personally Known OR Produced OR Produced	ced ID		
ype of ID Produceu	Inder penalties of periury. I declare th	at I have read the foregoing and that the facts stated	
in it are true to the best of my knowledge and belief.	Farmer of Parjery, Farmer of	37.77	
mm		DIANE K. BRACE MY COMMISSION #FF060744	
Signature of Natural Person Signing on Line 11-Above		EXPIRES: OCT 07, 2017  Ronded through 1st State Insurance	

Form Revised: 11/20/07

	06/09/2015 10:19 AM Page 1 of 1 Rec Fee: \$10.00	
Mary Mark Street	Deed Doc Tax: \$0.00	
Permit Number:	·	
Folio/Parcel Identification Number:		
Prepared by: Maria McCabe Buena Vista Construction Company	Martha O. Haynie, Comptroller	
Return to: P.O. Box 10000, Lake Buena Vista, FL 32830	الله Ret To: SIMPLIFILE LC	
	······	
NOTICE OF COMM	 Erancesaer	
	imia~miaimia i	
State of Florida, County of Orange	a made to contain real property, and in concretence	
The undersigned hereby gives notice that improvement will b		
with Chapter 713, Florida Statutes, the following information in 1. Description of property (legal description of the property	s provided in this notice of Collinationinein.	
15 BH Tree Farm Storage Container Refresh, 1550 North	r, and street address if available; h Rear Island Road - IHRH5027	
General description of improvement	11 Dear (3(8) Q 1 (0) Q (0) (1) (1) (1) (1)	
the contract of the contract o		
Provide labor, material and/or electrical for construction  3. Owner information or Lessee information if the Lessee	a contracted for the improvement	
Name Walt Disney World Resort	w watton new took and to to to pot the a to to to to to to	
Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830		
Interest in Property		
Interest in Property	f from Owner listed above)	
Name		
Address		
4 Contractor		
Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830	Telephone Number 407-934-6070	
Address P.O. Box 10000, Lake Buena Vista, FL 32830		
5. Surety (if applicable, a copy of the payment bond is attact	hed)	
Name	Telephone Number	
Address		
6. Lender		
Name	Telephone Number	
Address		
7. Persons within the State of Florida designated by Ow	mer upon whom notices or other documents may	
be served as provided by §713.13(1)(a)7, Florida Stati		
Name Dave Ellis, Mgr. Sourcing & Procurement	Telephone Number 407-828-3582	
Address P.O. Box 10000, Lake Buena Vista, FL 32830		
8. In addition to himself or herself, Owner designates th	ne following to receive a copy of the Lienor's	
Notice as provided in §713.13(1)(b), Florida Statutes.		
Name David Caesar, Construction Manager	Telephone Number 407-934-6070	
Address P.O. Box 10000, Lake Buena Vista, Florida 328	30	
9. Expiration date of notice of commencement (the expiration)		
construction and final payment to the contractor, but will	be 1 year from the date of recording unless a	
different date is specified)		
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA		
RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PR		
RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSI	PECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT	
WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR	RK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
Under pshalty of perjury//neclare that I have read the fo		
facts stated in it are trafe to the best of my knowledge an	a beller.	
	Director	
Signal US & Owner or Lessee, or Owner For Lessee's Authorized Officer/D		
Angelinian angement a pagama, at casan a maganaga s sentina enti calegaria	e entre a transmission of the composition of the co	
The foregoing instrument was acknowledged before me this	5 day of June 15 by Tom Troffer	
The total and a management and a secular seasons and a second the super-	month/year name of person	
as Director for	Buena Vista Construction Company	
Ayon of authority/ e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed	
X MAXIA MARAGA Z	Maria McCabe	
Closesture of Notice Children Class of Elevide	Print type or stamp commissioned name of Notary Public	

Personally Known X OR Produced ID Type of ID Produced

Notery Public State of Florida
Maria McCabe
My Commission FF 082922
Expires 02/09/2018

DOC # 20150287276 B: 10931 P: 0530

DOC # 20150287278 B: 10931 P: 0533 06/09/2015 10:20 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Permit Number: Intangible Tax: \$0.00 Folio/Parcel Identification Number: Martha O. Haynie, Comptroller Prepared by: Maria McCabe Orange County, FL Buena Vista Construction Company Ret To: SIMPLIFILE LC Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) MK BTM Winch Relocation, 4485 Caribbean Way BL JFMK5080 2. General description of improvement Provide labor, material and/or electrical for 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 Buena Vista, FL 32830 Interest in Property Name and address of fee simple titleholder (if different from Owner listed above) Address 4. Contractor Telephone Number 407-934-6070 Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Telephone Number\_ Name. Amount of Bond \$\_\_\_ Address 6. Lender Telephone Number Name Address 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Telephone Number 407-828-3582 Name Dave Ellis, Mgr, Sourcing & Procurement Address P.O. Box 10000, Lake Buena Vista, FL 32830 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. Telephone Number 407-934-6070 Name Shannon Newgent, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of periury, Loeclare that I have read the foregoing notice of commencement and that the

<u>,</u> D	irector
cer/Director/Partner/Manager	Signatory's Title/Office
this 5 day of June 15 by Ton	n Troffer
month/year	name of person
for Buena Vista Construction	Company
Name of party on behalf of who	m instrument was executed
Maria McCabe	
Print, type, or stamp commission	ned name of Notary Public
	this 5 day of June 15 by Ton month/year for Buena Vista Construction ( Name of party on behalf of who

Type of ID Produced

Notary Public State of Florida Maria McCabe My Commission FF 082922 Foon Revised: September 26, 2011 Expires 02/09/2018

#### DOC # 20150287281 B: 10931 P: 0536 06/09/2015 10:20 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Permit Number: Mortgage Doc Tax: \$0.00 Folio/Parcel Identification Number: Intangible Tax: \$0.00 Prepared by: Maria McCabe Martha O. Haynie, Comptroller Orange County, FL Buena Vista Construction Company Ret To: SIMPLIFILE LC Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) 15 MK Shed Mezzanine, 4930 Caribbean way JEMK5041 2. General description of improvement Provide labor, material and/or electrical for 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 Buena Vista, FL 32830 Interest in Property Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Telephone Number 407-934-6070 Name Buene Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Telephone Number\_\_\_\_\_ Name. Amount of Bond \$ Address 6. Lender Telephone Number Name -Address 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Name Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582 Address P.O. Box 10000, Lake Buena Vista, FL 32830 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. Telephone Number 407-934-6070 Name David Caesar, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN AUXORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury i destate that I have read the foregoing notice of commencement and that the facts state() in it are price to the best of my knowledge and belief. Director Signature of Owner or Lessag, or Owner's or Lessage Politicized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 8 day of June 15 by Tom Troffer month/year name of person for Buena Vista Construction Company Name of party on behalf of whom instrument was executed Type of authority, e.g., officer, trustee, attorney in fact MCCall Maria McCabe Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID Type of ID Produced



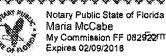
Notary Public State of Florida Maria McCabe My Commission FF 082922 Expires 02/09/2018

Form Revised: September 26, 2011

DOC # 20150287321 B: 10931 P: 0647 06/09/2015 10:26 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Permit Number: Mortgage Doc Tax: \$0.00 Folio/Parcel Identification Number: Intangible Tax: \$0.00 Prepared by: Maria McCabe Martha O. Haynie, Comptroller Buena Vista Construction Company Orange County, FL Ret To: SIMPLIFILE LC Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) MK Space Mtn In Queue Monitor, 4950 N World Dr JFMK5241 2. General description of improvement Provide labor, material and/or electrical for 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 Buena Vista, FL 32830 Interest in Property\_ Name and address of fee simple titleholder (if different from Owner listed above) Name. Address 4. Contractor Telephone Number 407-934-6070 Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Telephone Number Amount of Bond \$ Address 6. Lender Telephone Number Name Address 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Telephone Number 407-828-3582 Name Dave Ellis, Mgr, Sourcing & Procurement Address P.O. Box 10000, Lake Buena Vista, FL 32830 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 Shannon Newgent, Construction Manager Telephone Number 407-934-6070 Address P.O. Box 10000, Lake Buena Vista, Florida 32830 Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have real facts stated in it are true to the best of my knowled	d the foregoing notice of comedge and belief.	mencement and that the
		Director
Signalists of Owner or Lessee, or Owner's or Lessee's Authorized	l Officer/Director/Partner/Manager	Signatory's Title/Office
The foregoing instrument was acknowledged before	me this 4 day of June 15 by	Tom Troffer
The fologonia menanting a section and a sect	month/year	name of person
as Director	for Buena Vista Construct	ion Company
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf o	f whom instrument was executed
MaraMcCar	Maria McCabe	
Signature of Notary Public – State of Florida	Print, type, or stamp comm	nissioned name of Notary Public
Barranally Known V OB Bradwood ID	*******	W.

Personally Known X OR Produced ID \_\_\_\_\_
Type of ID Produced

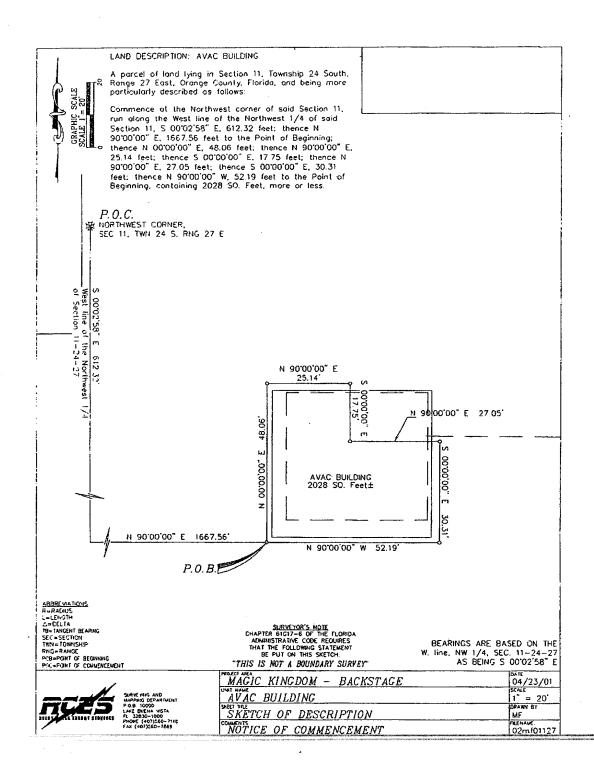


My Commission FF 082922rm Revised: September 26, 2011

DOC# 20150287874 B: 10931 P: 2369 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

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

NOTICE OF COMM	ENCEMENT
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be ma	ade to certain real property, and in accordance with
Chapter 713, Florida Statues, the following information is provided	
1. Description of property (legal description of the property,	
AVAC BUILDING	•
General description of improvement	
GENERAL CONSTRUCTION	
Owner information or Lessee information if the Lessee co	ontracted for the improvement
Name Walt Disney World Resort	simulation for the improvement.
Address P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property Owner	(rein Ourse listed shous)
Name and address of fee simple titleholder (if different	from Owner listed above)
Name	
Address	
. Contractor	
Name Bruns Inc	Telephone Number (407) 827-4338
Address PO Box 981, Windermere, FL 34786	7
<ol> <li>Surety (if applicable, a copy of the payment bond is attached</li> </ol>	
Name	
Address	Amount of Bond \$
. Lender	
Name	Telephone Number
Address	
. Persons within the State of Florida designated by Owner	upon whom notices or other documents may be
served as provided by Section 713.13(1)(b), Florida Statu	
Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, Florida 32830	)-1000
8. In addition to himself or herself, Owner designates the fo	ollowing to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Florida Statutes.	
Name Janie Hoffman	Telephone Number 407-824-7887
Address P.O. Box 10000, Lake Buena Vista, Florida 32830	
9. Expiration date of notice of commencement (the expirat	
and final payment to the contractor, but will be 1 year from the	
	•
NARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER T	THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE
CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC	TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR
PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO C	
ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE	
Inder penalty of perjury, I declare that I have read the forego	oing notice of commencement and that the facts
tated in it are true to the best of my knowledge and belief.	
	100 / 1
Hansi Holdman Janie	Hottman / Planner
Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
Lessee's/Authorized Officer/Director/Partner/Manager	W 1111/
arphi	My Dure I was Hilliam
he foregoing instrument was acknowledged before me this	day of Luc (0150) It wis 170 T + MC
	month/year /
s Authorized Signatory for	Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
,	
$(,)$ $\wedge$ $\wedge$	
Masale (No Ames	
Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Signature of inotally mutility state of Piorioa	THIR, type, or statily marine or riotally Public
Personally Known OR Produced ID	
CR Produced ID	\$^^^^
Type of ID Produced	Notary Public State of Florida
Type of ID Produced	Rosalie Creamer
	My Commission FF 117844
	Expires 05/22/2018



Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM

Attn: Tim Keith P.O. Box 10000

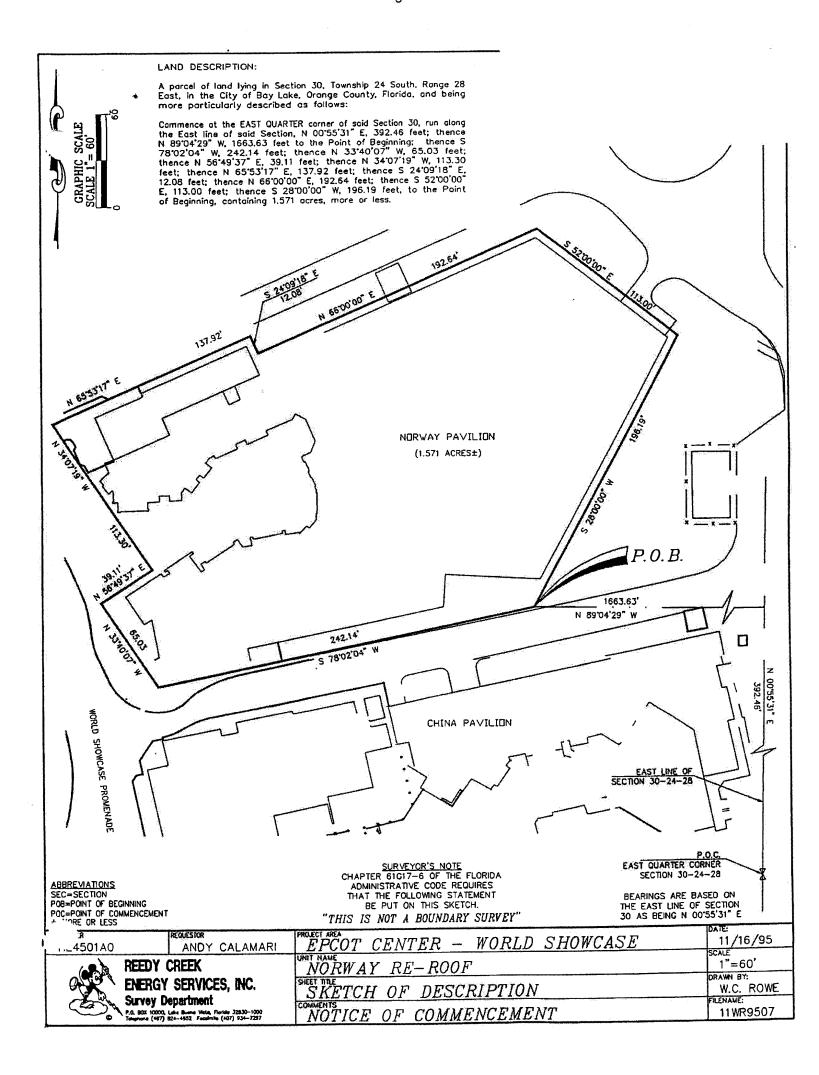
Lake Buena Vista, FL 32830-1000

DOC# 20150287875 B: 10931 P: 2371 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



## NOTICE OF COMMENCEMENT

The	te of Florida, County of Orange e undersigned hereby gives notice that improvement will be made to certa	
	apter 713, Florida Statues, the following information is provided in this No	
1.	Description of property (legal description of the property, and street	address if available)
2	Legal Description Attached  General description of Improvement	
2.	Steel Repairs	
2	Owner information or Lessee information if the Lessee contracted	for the improvement
J.	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	- Standard
	Name and address of fee simple titleholder (if different from Owne	er listed above)
	Name	
	Address	
4.	Contractor	
	Name Coastal Steel Inc	Telephone Number 407-827-4309
	Address #1 Dopey Drive, Lake Buena Vista, FL 32830	
5.	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
6.	Lender	
	Name	Telephone Number
	Address	
7.	Persons within the State of Florida designated by Owner upon who	om notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
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 Statutes.	T. I. I. (407)500 4400
	Name Tim Keith	Telephone Number (407)560-4168
_	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date may	
	and final payment to the contractor, but will be 1 year from the date of re	ecording unless a different date is specified)
	10/01/2015	
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRA' NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, I'ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMEN E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINA ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMME	FLORIDA STATUTES, AND CAN RESULT IN YOUR CEMENT MUST BE RECORDED AND POSTED ON INCING, CONSULT WITH YOUR LENDER OR AN
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.		
	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager	17H / Project Manager Facility Asser
The	e foregoing instrument was acknowledged before me thisday	monthlyear / i Mo Thy Keill
as	Authorized Signatory for	Walt Disney World Resort
٠.		arty on behalf of whom instrument was executed
	Rosalie Creamer	
_	Signature of Notary Public - State of Florida Print	t, type, or stamp name of Notary Public
P	ersonally Known OR Produced ID	Notary Public State of Florida
τ	ype of ID Produced	Rosalie Creamer My Commission FF 117844 Expires 05/22/2018



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Cory Hann P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150287876 B: 10931 P: 2373 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

Notary Public State of Florida

Kelly L Nobles My Commission EE 220221

Expires 07/29/2016

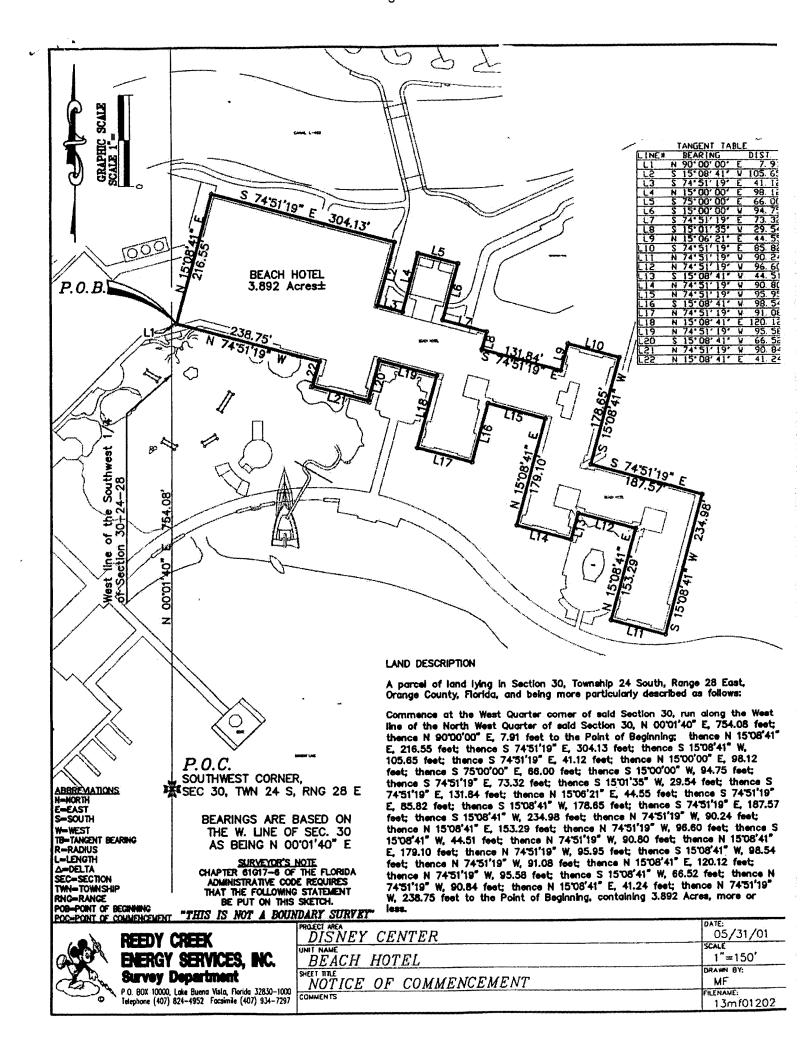


	NOTICE OF COMMENCEMENT		
The Cha	te of Florida, County of Orange a undersigned hereby gives notice that improvement will be made to cert apter 713, Florida Statues, the following information is provided in this N  Description of property (legal description of the property, and street	otice of Commencement.	
2	4039019 See Attached  General description of improvement		
	Mechanical		
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	A	
	Interest in Property Owner	Pata di Pita d	
	Name and address of fee simple titleholder (if different from Own Name	ner listed above)	
	Address		
4.	Contractor		
	Name Lo Temp Engineering	Telephone Number (407) 654-4055	
	Address 1001 Crown Park Circle, Winter Garden , FL 32787		
5.	Surety (if applicable, a copy of the payment bond is attached)		
	Name	Telephone Number	
	Address	Amount of Bond \$	
б.	Lender	Talanhana Niumban	
	Name	Telephone Number	
7	Address  Persons within the State of Florida designated by Owner upon wh	nom notices or other documents may be	
۲.	served as provided by Section 713.13(1)(b), Florida Statutes.	ioni notices of other documents may be	
	, , , , , , , , , , , , , , , , , , , ,	Telephone Number (407) 939-4631	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	Telephone (407) 333-4031	
Я	In addition to himself or herself, Owner designates the following t	o receive a copy of the Lienor's Notice as	
٥.	provided by Section 713.13(1)(b), Florida Statutes.	o receive a copy of the Liener o recise to	
	Name Cory Hann	Telephone Number (407)939-4742	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
9.	Expiration date of notice of commencement (the expiration date m	nay not be before the completion of construction	
•	and final payment to the contractor, but will be 1 year from the date of r		
	10/26/2015		
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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE 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			
sta	ited in it are true to the best of my knowledge and belief.		
	Signature of Owner or Lessee, or Owner's or ssee's Authorized Officer/Director/Partner/Manager e foregoing instrument was acknowledged before me this	of Land State by Coay Hard	
25	Authorized Signatory for	Walt Disney World Resort	
as		party on behalf of whom instrument was executed	
	Name of	party of contain of Whom sind different was discould	
_	Standard of Notary Public - State of Florida Pri	nt type or stamp name of Notary Public	

OR Produced ID

Personally Known

Type of ID Produced



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Tammy Gatlin P.O. Box 10000

DOC# 20150287877 B: 10931 P: 2375 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



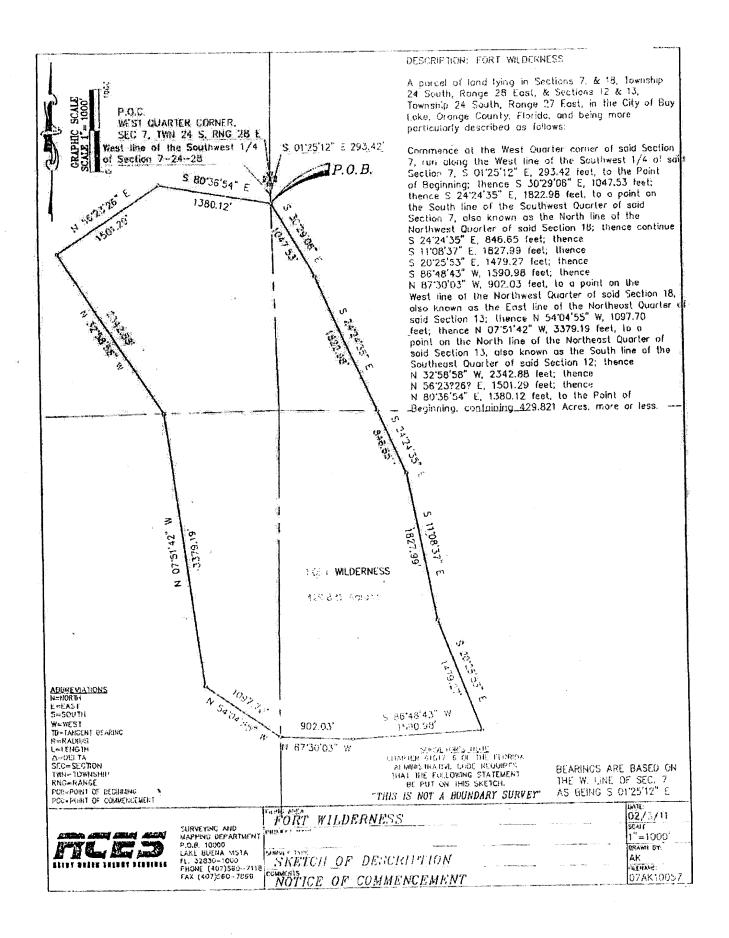
## NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Lake Buena Vista, FL 32830-1000

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.

Ch	apter 713, Florida Statues, the following information is provi	rided in this Notice of Commencement.
1.	Description of property (legal description of the proper	rty, and street address if available)
	4037217 - See Attached	
2.	General description of improvement	
	General Conditions	
3.	Owner information or Lessee information if the Lessee	e 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 different	ent from Owner listed above)
	Name	
	Address	
4.	Contractor	
	Name Faden Builders	Telephone Number 352-735-9805
	Address 736 S Rossiter St, Mt Dora, FL 32757	
5.		ched)
	Name	Tolonhana Number
	Address	Amount of Bond \$
6.	Lender	
•	Name	Telephone Number
	Address	
7	Persons within the State of Florida designated by Owr	ner upon whom notices or other documents may be
•	served as provided by Section 713.13(1)(b), Florida Sta	
	Name Judy Wells, Facility Asset Management (FAM)	
	Address P.O. Box 10000, Lake Buena Vista, Florida 328	
۰	In addition to himself or herself, Owner designates the	
Ο.	, ,	e following to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	Talanhara Number (407)929 5465
	Name Tammy Gattin	Telephone Number (407)828-5165
_	Address P.O. Box 10000, Lake Buena Vista, Florida 328	
9.	• •	iration date may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from	n the date of recording unless a different date is specified)
COI PAY THE ATT	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, S ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOT der penalty of perjury, I declare that I have read the fore ted in it are true to the best of my knowledge and belief	SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR SEE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON O OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ITICE OF COMMENCEMENT.  egoing notice of commencement and that the facts
	Lill Luciani	IILL LUCIONIAM/FAM
	0.4	
Les	Signature of Owner or Lessee, or Owners or see's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
The	c foregoing instrument was acknowledged before me this _	9th day or here 2015 by Jier Lucions
		month/year
as į	Authorized Signatory	for Walt Disney World Resort
	Type of authority, e.g. officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
-	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
F	Personally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles  Kelly L Nobles
Т	ype of ID Produced	My Commission EE 220221 Expires 07/29/2016



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Cory Hann P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150287878 B: 10931 P: 2377 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

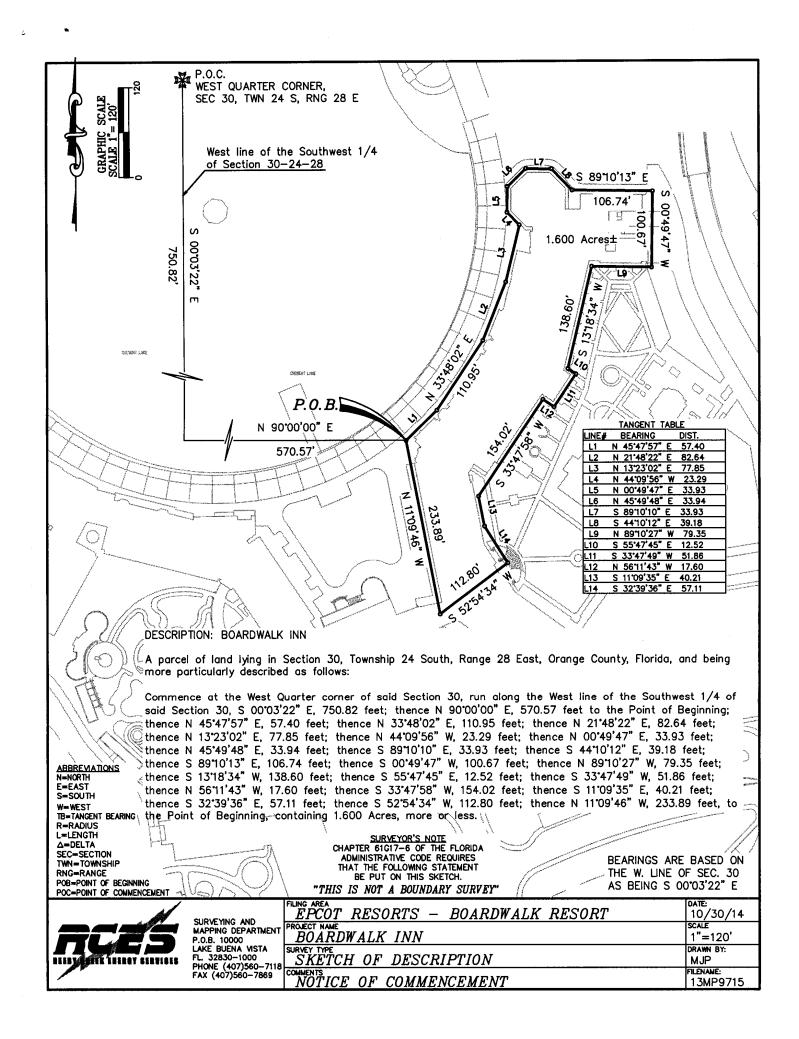


## NOTICE OF COMMENCEMENT

State of Florida, C	County of	Orange
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The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with

Cha	apter 713, Florida Statues, the following information is provi	
1.	Description of property (legal description of the proper 4039026 See Attached	ty, and street address if available)
2.	General description of improvement	
	Mechanical	
3.	Owner information or Lessee Information if the Lesse	e 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 different	ent from Owner listed above)
	Name	·
	Address	
4.		
•	Al France Oranica a O Cantanation Inc	Telephone Number (407) 422-3551
	Address 530 Grand St, Orlando , FL 32805-4795	
5.		hed)
J.		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NameAddress	Amount of Bond \$
6.		7 WINGOIN OF BOTH 4
υ.	N1	Telephone Number
	Address	Tolephone Hamber
7		per upon whom notices or other documents may be
7.	served as provided by Section 713.13(1)(b), Florida St	
		Telephone Number (407) 939-4631
	Name Judy Wells, Facility Asset Management (FAM)	·
_	Address P.O. Box 10000, Lake Buena Vista, Florida 32	6-U-min to receive a convent the Lienaria Nation of
8.	In addition to himself or herself, Owner designates the	e following to receive a copy of the Lieflor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	T-Ihans Noveber (407)020 4742
	Name Cory Hann	Telephone Number (407)939-4742
	Address P.O. Box 10000, Lake Buena Vista, Florida 32	
9.		iration date may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from	the date of recording unless a different date is specified)
	10/19/2	
CO: PAY THE ATT	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, S YING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIO E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND T TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NO	ECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR E OF COMMENCEMENT MUST BE RECORDED AND POSTED ON O OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TICE OF COMMENCEMENT.
	der penalty of perjury, I declare that I have read the for ated in it are true to the best of my knowledge and belie	f.
(	Car Coe.	E-HANN/PMA/FAM
_	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
Le	ssee's Authorized Officer/Director/Partner/Manager	ach 1 and
Th	e foregoing instrument was acknowledged before me this _	day of Lue 205, by Cong Hand
		month/year <i>J</i>
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 instrument was executed
_	<del></del>	
	Signature of Netaly Public - State of Florida	Print, type, or stamp name of Notary Public
ı	Personally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles
	Type of ID Produced	My Commission EE 220221 Expires 07/29/2016



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Cory Hann P.O. Box 10000

DOC# 20150287879 B: 10931 P: 2379 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



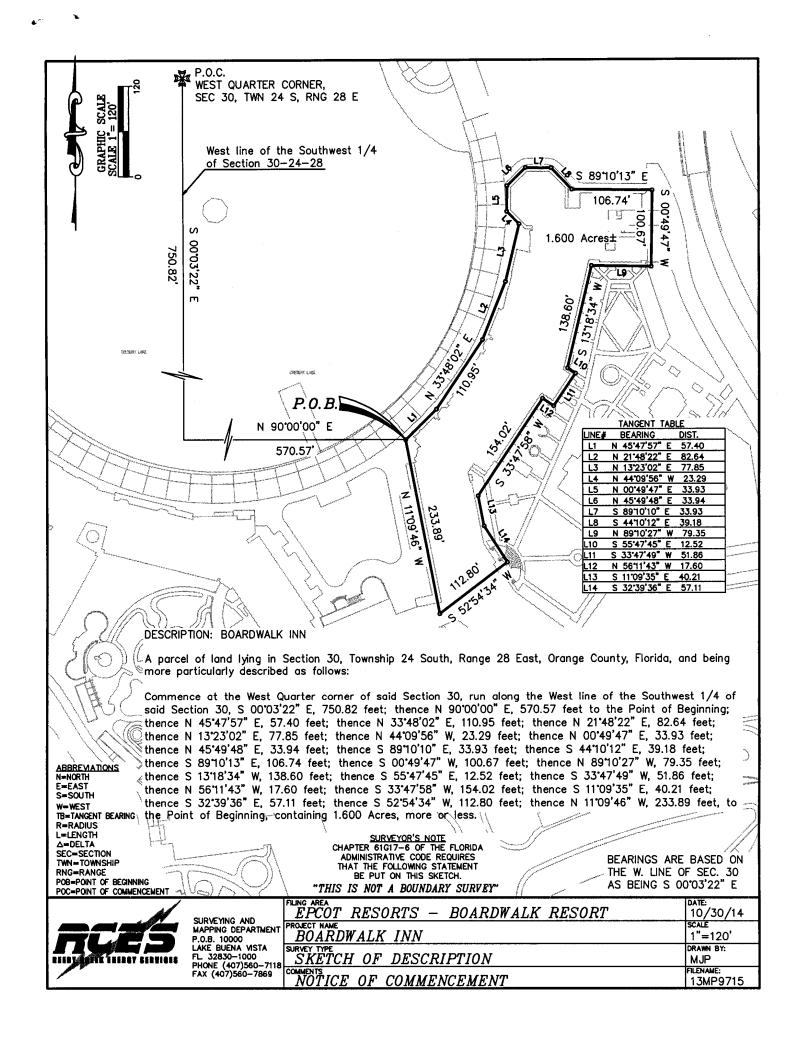
## NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Lake Buena Vista, FL 32830-1000

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance wi
Chapter 713. Florida Statues, the following information is provided in this Notice of Commencement.

•	ter 713, Florida Statues, the following information is provided Description of property (legal description of the property,	
4	039025 See Attached	
G	General description of improvement	•
N	Mechanical	
C	Owner information or Lessee information if the Lessee c	ontracted 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 different	from Owner listed above)
	Name	
	Address	
(	Contractor	
	Name Celsius Contractors Inc	Telephone Number (407) 827-4392
	Address P.O. Box 22168, Lake Buena Vista, FL 32830	
\$	Surety (if applicable, a copy of the payment bond is attached	
	Name	Telephone Number
	Address	Amount of Bond \$
L	Lender	
	Name	Telephone Number
	Address	
	Persons within the State of Florida designated by Owner	
S	served as provided by Section 713.13(1)(b), Florida Statu	
	Name Judy Wells, Facility Asset Management (FAM)	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830	
	n addition to himself or herself, Owner designates the fo	ollowing to receive a copy of the Lienor's Notice as
F	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Cory Hann	Telephone Number (407)939-4742
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830	
	Expiration date of notice of commencement (the expirat	
a	and final payment to the contractor, but will be 1 year from th	-
	10/19/201	
ONS AYIN HE . ITO	NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION OF THE PROPERTY. A NOTICE COLOR SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO CRIEF BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE.	TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR IF COMMENCEMENT MUST BE RECORDED AND POSTED ON DETAIN FINANCING, CONSULT WITH YOUR LENDER OR AN E OF COMMENCEMENT.
	er penalty of perjury, I declare that I have read the foregoed in it are true to the best of my knowledge and belief.	ong notice of commencement and that the facts
C		E Hann PMA FAM
	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
	ee's Authorized Officer/Director/Partner/Manager	
ne f	foregoing instrument was acknowledged before me this $\underline{\mathcal{G}}$	day of kine Zoi S, by Cong Hann
	Authorized Cierrates	Male Dianau Marie Danet
	Authorized Signatory for	
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Per	rsonally Known OR Produced ID	Notary Public State of Florida
Тур	pe of ID Produced	Kelly L Nobles My Commission EE 220221 Expires 07/29/2016



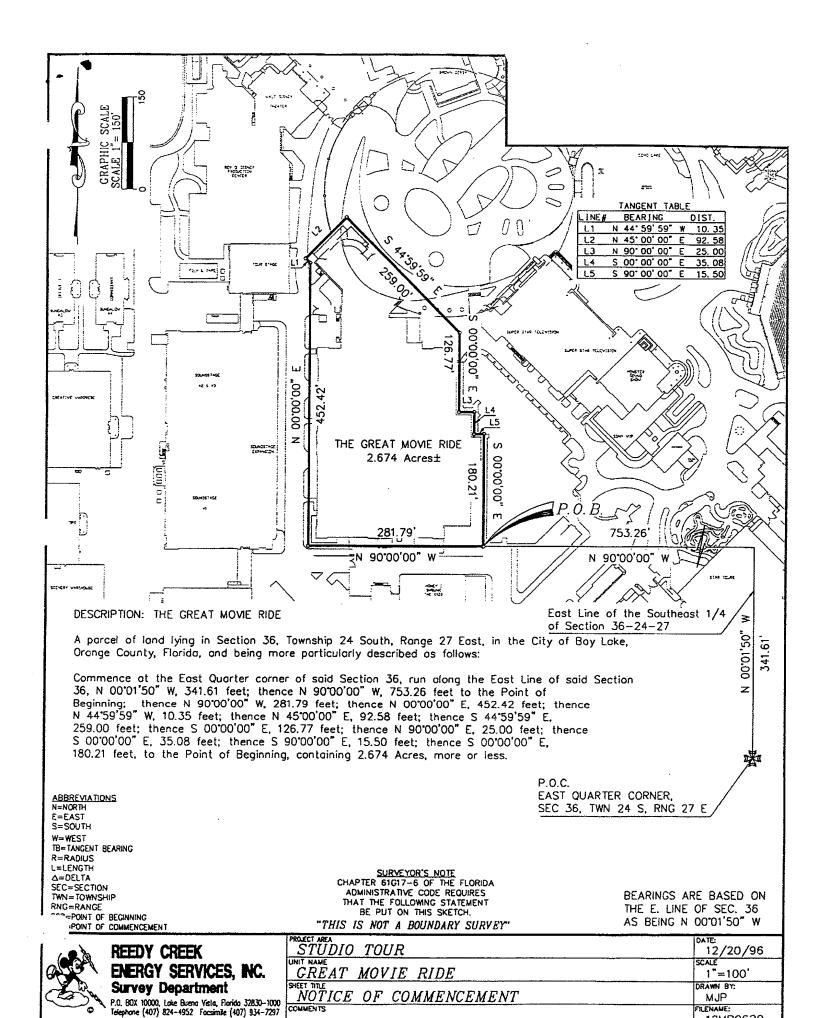
## Prepared by/record and return to:

Walt Disney World Resort Attn: Andrew Highsmith P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC# 2015028788 06/09/2015 12:40:: Rec Fee: \$18.50	TO PIL	Page 1	P: 2381
range County	Compt	roller	
IB - Ret To: WALT	DISNE	Y WORLD	RESORT



State of Florida, County of Orange  The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 173, Florida Statutes, the following information is provided in this notice of commencement.  1. Description of property: SEE ATTRICAGE  2. General description of improvements: MECLAUCE  3. Owner Information:  (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  (b) Interest in property: Owner  (c) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32837  (b) Contractor (name and address): Grunau Company/11300 Space Boulevard, Orlando, FL 32837  (b) Contractor (name and address): (c) Amount of Bond: (a) Name and address: (b) Phone number: (c) Amount of Bond: (a) Lender (name and address): (b) Lender's phone number: (c) Amount of Bond: (b) Lender's phone number: (c) Amount of Bond: (b) Phone numbers of designated persons: (407) 828-3582  (a) In addition to himself or herself, Owner designates (b) Phone numbers of designated persons: (407) 828-3582  (a) In addition to himself or herself, Owner designates and Phone Highsmith of Disney Holl to receive a copy of the Lienor's Notice as provided in Section 713.12 (1)(b), Florida Statutes. DavOa (b) Phone number of person or entity designated by owner: 407-560-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless as different date is specified; Golfocotte.  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, SECTION 17313, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENTS UNDER CHAPTER 713, PART I, SECTION 17313, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENTS IN PART I, SECTION 17313, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENTS IN PART IN FLORIDAGE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT	The un with Cr  1.	dersigned hereby give napter 713, Florida State Description of property General description of Dwner Information:  a) Name and address  b) Interest in property Name and address  c) Name and address  d) Contractor (name)	Prange es notice that improvement atutes, the following information of the control of the contro	nents will be made to certain real property, and in accordance ormation is provided in this <b>notice</b> of commencement.  Led  Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  der (if other than Owner):				
The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.  1. Description of property See Arthouse 1.  2. General description of improvements: Mechanical 1.  3. Owner Information:  (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  (b) Interest in property: Owner  (c) Name and address of fee simple titleholder (if other than Owner):  4. (a) Contractor (name and address): Grunau Company/11300 Space Boulevard, Orlando, FL 32837  (b) Contractor's phone number: 407/857-1800  5. Surety:  (a) Name and address: (b) Phone number: (c) Amount of Bond:  6. (a) Lender (name and address): (b) Lender's phone number: (c) Amount of Bond:  7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13, (1)(a)7., Florida Statues: (name and address): Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830  (b) Phone numbers of designated persons: (407) 828-3582  (a) In addition to himself or herself, Owner designates Andrew Highsmith of Disney Holl to receive a copy of the Lienor's Notice as provided in Section 713.13, (1)(b), Florida Statutes. DavDa (b) Phone number of person or entity designated by owner: 407-560-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 06/05/2016  WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND ECONSULTS UNITY HOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT STO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTI	The un with Cr  1.	dersigned hereby give napter 713, Florida State Description of property General description of Dwner Information:  a) Name and address  b) Interest in property Name and address  c) Name and address  d) Contractor (name)	es notice that improvement tutes, the following information of the followi	Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  der (if other than Owner):				
with Chapter 713, Florida Statutes, the following Information is provided in this notice of commencement.  1. Description of property: See Articular  2. General description of improvements: Heckenical  3. Owner Information:  (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  (b) Interest in property: Owner  (c) Name and address of fee simple titleholder (if other than Owner):  4. (a) Contractor (name and address): Grunau Company/11300 Space Boulevard, Orlando, FL 32837  (b) Contractor's phone number: 407/857-1800  5. Surety:  (a) Name and address:  (b) Phone number:  (c) Amount of Bond:  6. (a) Lender (name and address):  (b) Lender's phone number:  7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13, (1)(a)7, Florida Statutes: (name and address):  Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830  (b) Phone numbers of designated persons: (407) 828-3582  (a) In addition to himself or herself, Owner designates Andrew Highsmith of Disney Holl to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes, DavDa (b) Phone number of person or entity designated by owner. 407-590-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 060/52/016  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, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT NUTS BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, OCNSULT WITH YOUR LENDER OF AN ATTONNEY BEFORE COMMENCING WORK OR RECORDING YOUR POSTED ON THE ADD SITE BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, OCNSULT WITH YOUR LENDER OR AN ATTONNEY BEFORE COMMENCING	with Ch  1.	napter 713, Florida Sta Description of property General description of Dwner Information: a) Name and addres b) Interest in prope c) Name and addres a) Contractor (name	atutes, the following information of the foll	Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  der (if other than Owner):				
2. General description of improvements: **PECLAURICA** 3. Owner Information: (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830 (b) Interest in property: Owner (c) Name and address of fee simple titleholder (if other than Owner):  4. (a) Contractor (name and address): Grunau Company/11300 Space Boulevard, Orlando, FL 32837 (b) Contractor's phone number: 407/857-1800  5. Surety: (a) Name and address: (b) Phone number: (c) Amount of Bond: (d) Lender (name and address): (e) Lender's phone number: (f) Amount of Bond: (e) Amount of Bond: (f) Lender's phone number: (g) Personal within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13; (1)(a)?, Florida Statues: (name and address): Dave Ellis; Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830 (b) Phone numbers of designated persons: (407) 828-3582 (c) In addition to himself or herself, Owner designates (d) Phone number of person or entity designated by owner: 407-560-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 06/05/2016  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, SECTION 713.13; LPCIONS ATTUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MAY COMMENCEMENT.  Au	2.	General description of Dwner Information:  a) Name and addres  b) Interest in prope  c) Name and addres  a) Contractor (name)  b) Contractor's pho	ess: Walt Disney World rty: Owner ess of fee simple titlehol e and address): Grunat	Resort, P.O. Box 10000, Lake Buena Vista, FL 32830  der (if other than Owner):				
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6. (a) Lender (name and address): (b) Lender's phone number:  7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statues: (name and address): Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830 (b) Phone numbers of designated persons: (407) 828-3582  (a) In addition to himself or herself, Owner designates Andrew Highsmith of Disney Holli to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavDa (b) Phone number of person or entity designated by owner: 407-560-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 06/05/2016  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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.  Authorized Signatory  Walt Disney World Resort  (or Owner's Authorized Officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this  Signature of Owner  Signatory's Printell Name/Title/Office  (or Owner's Authorized Officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this  Signature of Owner  Signatory's Printell Name/Title/Office  (or Owner's Authorized Officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this  Signature of Owner  Signatory's Printell Name/Title/Office  (name of party on behalf of whom instrument was executed)  LORRIE A. SEBHARDT  (Print, March March March March March March March March March	,		:55.					
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(a) In addition to himself or herself, Owner designates	`	may be served a Dave Ellis, Sou	s provided by Section rcing & Procurement Ac	713.13 (1)(a)7., Florida Statues: (name and address): dministration, P.O. Box 10000, Lake Buena Vista, Florida 32830				
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavDa (b) Phone number of person or entity designated by owner: 407-560-5494  9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 06/05/2016  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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.  Signature of Owner's Authorized Officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this 51 day of Ture 20 15, by Andrew Hashington Expires Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  My Commission Expires  My Commission Expires  December 26, 2016			- '					
unless a different date is specified): 06/05/2016  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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.  Signature of Owner  (or Owner's Authorized officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this 51 day of Tune 20 15, by Andrew Hospital Signature of Notaby Public - State of Florida  Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  My Commission Expires to My Com	`	to receive a copy of the Lienor's Notice as		provided in Section 713.13 (1)(b), Florida Statutes.DavDa				
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Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  Will Disney World Resort  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  Signature of Notary Public - State of Florida  Personally Known  OR Produced ID  OR Produced ID	OF COM SECTION IMPROVED POSTEI CONSU	MMENCEMENT ARE IN 713.13 , FLORIDA /EMENTS TO YOUR D ON THE JOB SITE LT WITH YOUR LEN	CONSIDERED IMPRO STATUTES, AND CAN PROPERTY. A NOTIC BEFORE THE FIRST I DER OR AN ATTORNE	PER PAYMENTS UNDER CHAPTER 713, PART I, I RESULT IN YOUR PAYING TWICE FOR E OF COMMENCEMENT MUST BE RECORDED AND INSPECTION. IF YOU INTEND TO OBTAIN FINANCING,				
Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  Wignature of Notary Public - State of Florida  Personally Known  OR Produced ID  Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  (Print, The Control of the Control o	Χ.	deshe /		Andrew Higheringth Michala				
Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  Wignature of Notary Public - State of Florida  Personally Known  OR Produced ID  Authorized Signatory  Walt Disney World Resort  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  (Print, The Control of the Control o	, –	Signature of (	Owner	Signatory's Printed Name/Title/Office				
Authorized Signatory  (Type of authority, e.g., or/Ger, trustee, attorney-in-fact)  (Iname of party on behalf of whom instrument was executed)  (Print, percentage of Notary Public - State of Florida  Personally Known  OR Produced ID  Walt Disney World Resort  (Iname of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  (Print, percentage of Notary Public - State of Florida  My Commission Expires  December 26, 2016		(or Owner's Authorized officer/Director/Partner/Manager)  The foregoing instrument was acknowledged before me this 57 day of Think and 15 his Adday of Think						
(Print, Signature of Notary Public - State of Florida  Personally Known  OR  Produced ID  (name of party on behalf of whom instrument was executed)  LORRIE A. GEBHARDT  (Print, Signature of Notary Public - State of Florida  (Print, My Commission Expires  December 26, 2016)	rne roreg	-	-	day of Jure 2015, by Hindrew Hypamoras				
Signature of Notary Public - State of Florida  Personally Known  OR Produced ID  LORRIE A. GEBHARDT  Wy Commission Expires  My Commission Expires  December 26, 2016	$\overline{\sigma}$		<del></del>					
Personally Known OR Produced ID December 26, 2016		on A Cabl	moH-	LORRIE A. GEBHARDT				
Type of ID Produced	Pe	rsonally Known	OR Produced ID					
	Ty	pe of ID Produced						



RENAME: 12MP9620

Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Terry Stofflet

P.O. Box 10000

Lake Buena Vista, FL 32830-1000

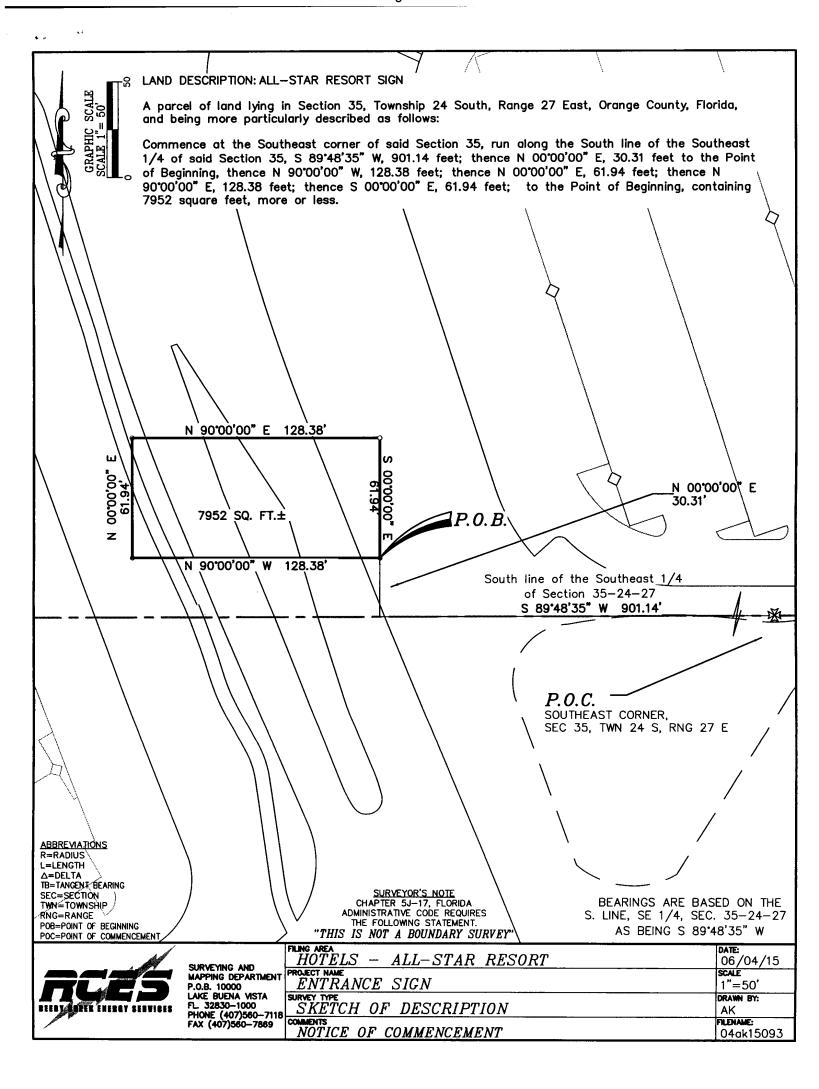
DOC# 20150287881 B: 10931 P: 2383 06/09/2015 12:40:13 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



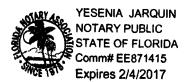
#### NOTICE OF COMMENCEMENT

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.

	oter 713, Florida Statues, the following information is provided Description of property (legal description of the property, a	
4	1038923 See Attached	
	General description of improvement	
9	general construction	
. (	Owner information or Lessee information if the Lessee co	ntracted 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 different f	rom Owner listed above)
	Name	
	Address	
. (	Contractor	
	Name CEC General Contractors Inc	Telephone Number 407-938-0177
	Address PO Box 22621, Lake Buena Vista, FL 32830	
. \$	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
. 1	Lender	
	Name	Telephone Number
	Address	
. F	Persons within the State of Florida designated by Owner	upon whom notices or other documents may be
5	served as provided by Section 713.13(1)(b), Florida Statut	es.
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-	1000
3. 1	n addition to himself or herself, Owner designates the fol	
	provided by Section 713.13(1)(b), Florida Statutes.	
-	Name Terry Stofflet	Telephone Number (407)828-3137
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-	1000
9. E	Expiration date of notice of commencement (the expiration	
	and final payment to the contractor, but will be 1 year from the	
ONS AYIN HE . TTO	NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER TISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIONS TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF USE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OF RNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OF RNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE BEFORE THE FIRST WORK OR RECORDING YOUR NOTICE BEFORE THE FOREIGN OF THE FOREIG	ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON STAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT.  Ing notice of commencement and that the facts
$\equiv$	Jerry Sto	fflet/St. Planner/FAM
	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
Less	ee's Authorized Officer/Director/Partner/Manager	- $0$ $m$
he f	foregoing instrument was acknowledged before me this $\underline{\mathcal{Y}}$	day on two 2015 by Telly to the
_	Authorized Signatory for	Walt Disney World Resort
s_		·
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Per	rsonally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles
Тур	pe of ID Produced	My Commission EE 220221 Expires 07/29/2016



Folio/Parcel ID #: 28-24-28-0000-00-015	
Prepared by: S. Bouck	Rec Fee: \$10.00
	Rec Fee: \$10.00  Martha O. Haynie, Comptroller  Orange County, FL  MB - Ret To: TWC SERVICES INC
Datum to: TMC Consissa Inc	MB - Ret To: TWC SERVICES INC
Return to: TWC Services Inc 150 Maritime Dr	
Sanford, FL 32771	
Samora, i E 32771	
NOTICE OF COMMENCE	MACNIT
NOTICE OF COMMENCE	INEN I
State of Florida, County of Orange	house he made to contain and according to the
ine undersigned nereby gives notice that improvement with Chapter 713, Florida Statutes, the following information in the control of the cont	t will be made to certain real property, and in accordance
1. <b>Description of property</b> (legal description of the pro	
FROM NE COR OF SEC RUN S 810.379 FT S	
2. General description of improvement	1731 Floter Flaza Diva
Replacement of existing a/c unit for elevator room	
Owner information or Lessee information if the L	
Name Walt Disney Parks abd Resorts US Inc c/o H	
Address Attn: Hilton Worldwide Inc 7930 Jones Bra	
Interest in Property	maiduli, vii EZ IVE 0000
Name and address of fee simple titleholder (if di	ifferent from Owner listed above)
	,
Address	
4. Contractor	
Name TWC Services Inc	Telephone Number_407-695-6700
Address 150 Maritime Dr. Sanford, FL 32771	. s.sp.rono (tarribor . s. see s. se
5. <b>Surety</b> (if applicable, a copy of the payment bond is	attached)
Name N/A	
Address	Amount of Bond \$
6. Lender	<u> </u>
Name N/A	Telephone Number
Address	
7. Persons within the State of Florida designated b	by Owner upon whom notices or other documents may
be served as provided by §713.13(1)(a)7, Florida	a Statutes.
Name	Telephone Number
Address	
8. In addition to himself or herself, Owner designation	
Notice as provided in §713.13(1)(b), Florida Stat	
Name	Telephone Number
Address	
	e expiration date will be 1 year from the date of recording
unless a different date is specified)	
ANIMO TO OMNIED ANIV DAVMENTO MADE DV THE OMNIED AFT	ED THE SYBIDATION OF THE NOTICE OF COMMENCENTS
INING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA	
ULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PI	
ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IN	
YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WO	ORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
170	Resident Manager
ature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/	
ature of Owner of Lessee, of Owner's of Lessee's Authorized Officer/	Director/Partner/Manager Signatory's Title/Office
foregoing instrument was acknowledged before me this	s 20 day of 5/15 by Brian Evans
Toregoing manuficent was acknowledged before the tills	month/year name of person
Owner. Keoresentative for	or Hilton Orlando Cake Bruna V
Type of authority, e.g., officer, trustee, attorney in fact	name of person  Name of party on behalf of whom instrument was executed
\`	Vacaio Turin
Cionalura of Nickella Chair of Florida	Print, type, or stamp commissioned name of Notary Public
Signature of Natary Public – State of Florida	Print, type, or stamp commissioned name of Notary Public
· ( )	
Personally Known OR Produced ID	MRY40. YESENIA JARQUIN
Personally Known OR Produced ID Type of ID Produced	YESENIA JARQUIN NOTARY PUBLIC



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

Personally Known

Type of ID Produced

Produced ID

DOC# 20150293417 B: 10932 P: 7642 06/11/2015 12:24:08 PM Page 1 of 3 Rec Fee: \$27.00 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



#### NOTICE OF COMMENCEMENT

NOTICE OF COMMENCE	NEN I
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be made to c	ertain 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 the property, and stre	eet address if available)
See Attached	
. General description of improvement	
Roofing	
Owner information or Lessee information if the Lessee contract	ed 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 different from Or	wner listed above)
Name	
Address	· , , , , , , , , , , , , , , , , , , ,
Contractor	
Name Shield Coatings & Weatherproofing	Telephone Number (407) 827-4348
Address P.O Box 22582, Lake Buena Vista , FL 32830	
Surety (if applicable, a copy of the payment bond is attached)	<b>-</b>
Name	Telephone Number
Address	Amount of Bond \$
Lender	Talaahaaa N
Name	Telephone Number
Address	
Persons within the State of Florida designated by Owner upon v	whom notices or other documents may be
served as provided by Section 713.13(1)(b), Florida Statutes.	T 11 N 1 (407) 000 4004
Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	A
In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Florida Statutes.	Tolombono Number 407 820 2465
Name Anne Buchele	Telephone Number <u>407-828-2165</u>
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
). Expiration date of notice of commencement (the expiration date	
and final payment to the contractor, but will be 1 year from the date of	or recording unless a different date is specified)
10/30/2015	
VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPLONISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 AYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMINE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FITORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COUNTY OF THE PROPERTY. IT DESCRIPTION IS YOUR NOTICE OF COUNTY OF THE PROPERTY. IT DESCRIPTION IS YOUR NOTICE OF COUNTY OF THE PROPERTY. IT DESCRIPTION IS YOUR NOTICE OF COUNTY OF THE PROPERTY OF THE PROPE	.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR IENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN MMENCEMENT.
tated in it are true to the best of my knowledge and belief.	
1 2 1 2 1	<u> </u>
In Ma Dulle ANNE EM"	BUCHELE / HANNED
	natory's Printed Name/Title/Office
essee's Authorized Officer/Director/Partner/Manager	
he foregoing instrument was acknowledged before me this 10 h	ay of June 2015; by Anne Em Buck month/year
S Authorized Signatory for	Walt Disney World Resort
	of party on behalf of whom instrument was executed
Romi Mario	
Signature of Notice Diable State of Balida	Print type or stemp name of Notes: Dublic
Signature of Notary Public - State of Plolida	Print_type, or stamp_name of Notary Public

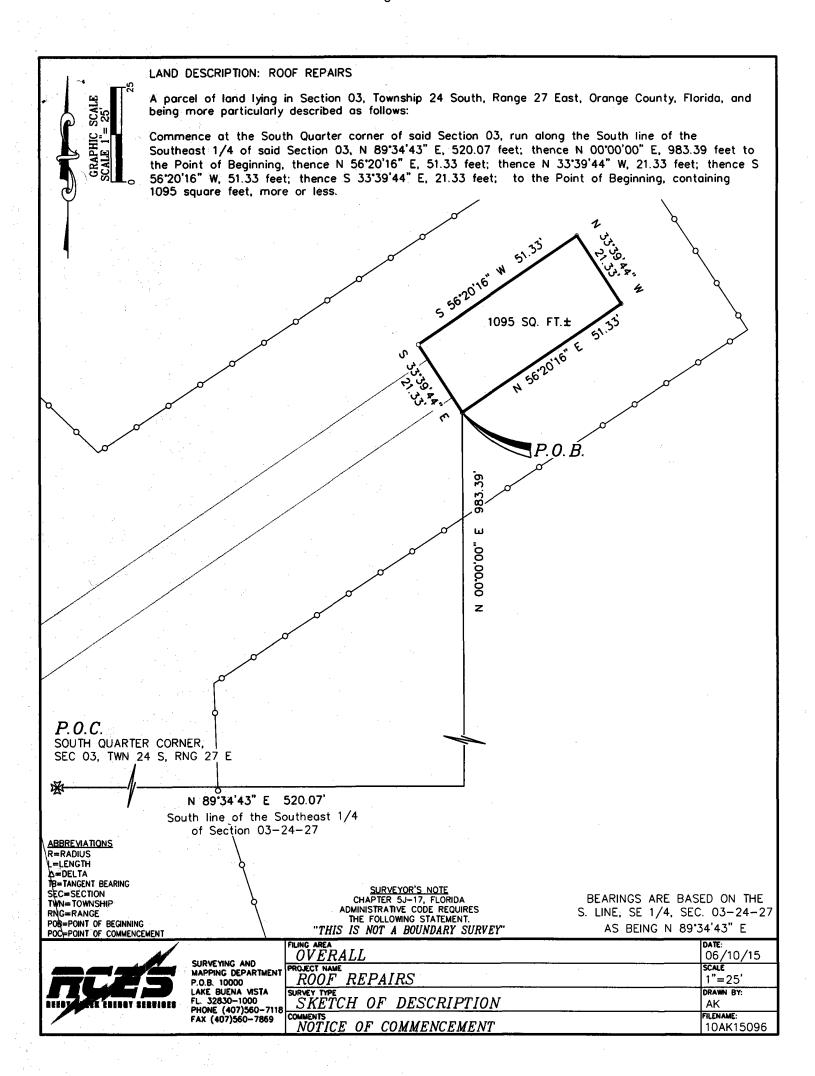
Print type, or stamp name of Notary Public

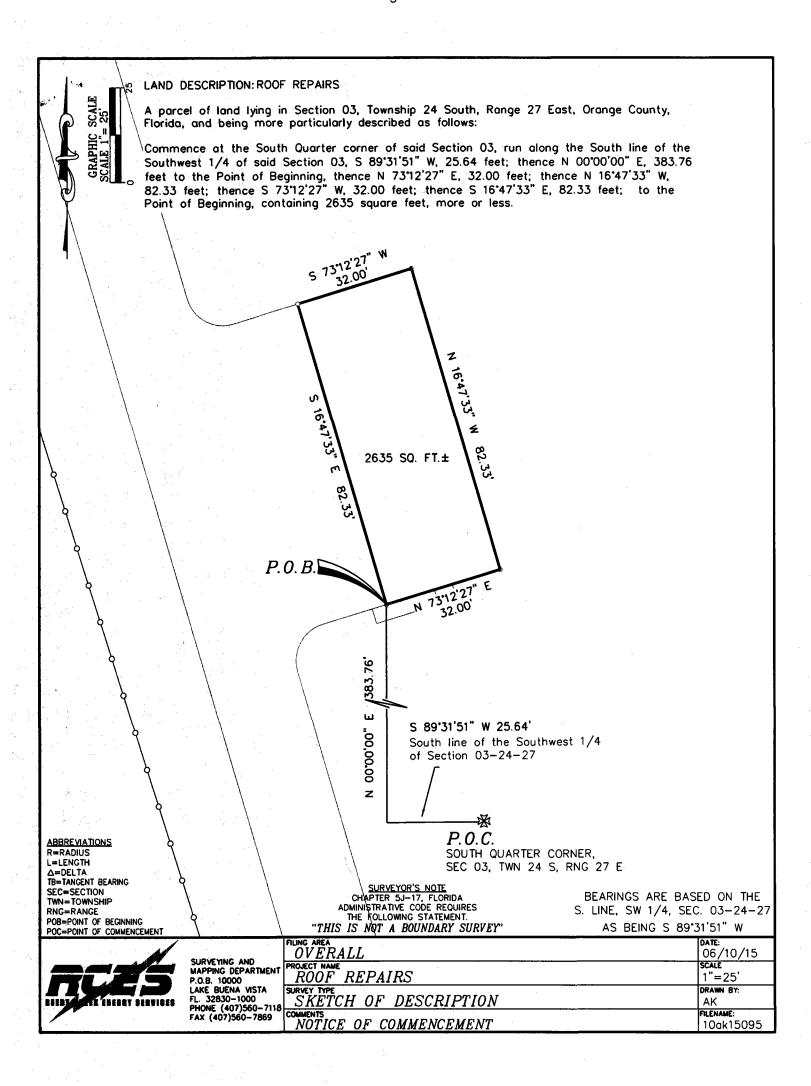
Notary Public State of Florida

Bonnie L. Craig

My Commission FF 112965

Expires 04/22/2018





Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Chris Dickman P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150293419 B: 10932 P: 7647 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



Notary Public State of Florida

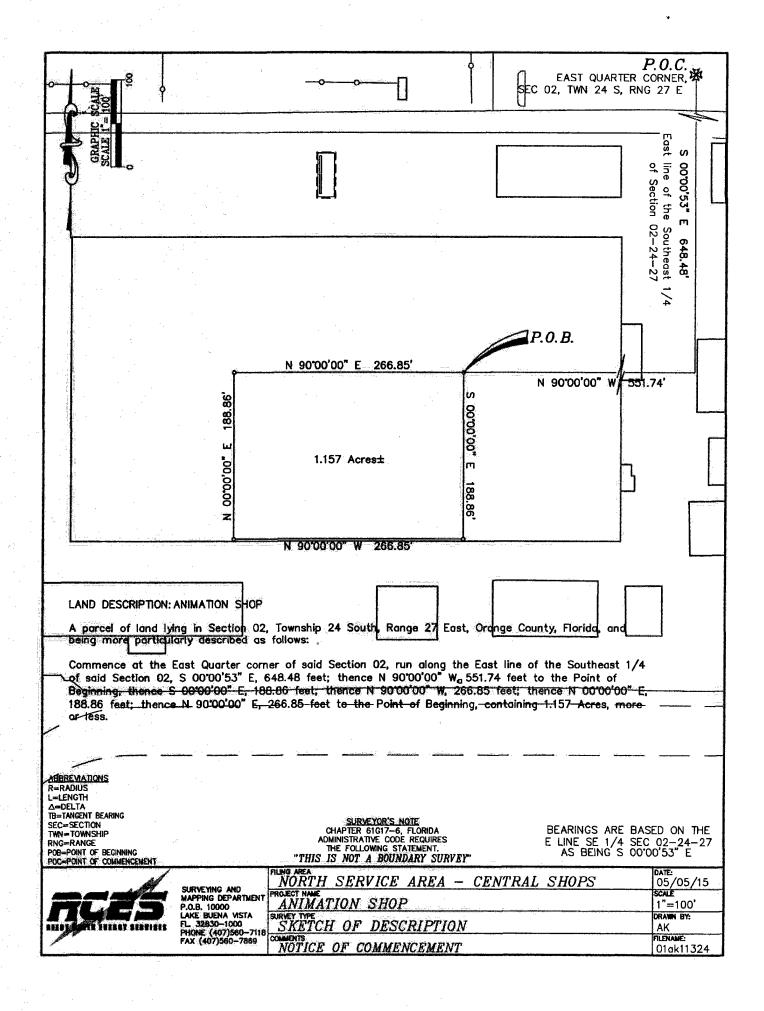
My Commission EE 220221 Expires 07/29/2016

Kelly L Nobles

	NOTICE OF COMMENCEME	NT			
State of Florida, County of Orange					
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with					
	apter 713, Florida Statues, the following information is provided in this N	• • •			
	Description of property (legal description of the property, and stree				
	See Attached	,			
2.	General description of improvement	The state of the s			
	Staging				
3.	Owner information or Lessee information if the Lessee contracted	for the improvement			
75	Name Malt Dispay World Doord				
	Address P.O. Box 10000, Lake Buena Vista, FL 32830				
	Interest in Property Owner	1900 St. Communication (1) and a second communication of			
	Name and address of fee simple titleholder (if different from Own	er listed above)			
	Name				
	Address	paradam manadam manada			
4.	Contractor	7.0000			
•••		Telephone Number 407-302-0881			
	Address 4300 John's Parkway, Sanford, FL 32771	contraction community with the contraction of the c			
5.	Surety (if applicable, a copy of the payment bond is attached)	And the state of t			
	Name	Telephone Number			
	Address	Amount of Bond \$			
6.	Lender	- https://doi.org/10.0000/			
٠.	Name	Telephone Number			
	Address				
7,	Persons within the State of Florida designated by Owner upon wh	om notices or other documents may be			
/	served as provided by Section 713.13(1)(b), Florida Statutes.				
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631			
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	9			
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 Statutes.				
	Name Chris Dickman	Telephone Number (407)828-1277			
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000				
9.	Expiration date of notice of commencement (the expiration date m	ay not be before the completion of construction			
	and final payment to the contractor, but will be 1 year from the date of re	ecording unless a different date is specified)			
	07/31/2015				
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, SECTION 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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE 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 its re true to the best of my knowledge and belief.					
Mr. Del Chris Dickman Senior Planner/WDW FAH					
Lac	Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  Lessee's Authorized Officer/Director/Partner/Manager				
The foregoing instrument was acknowledged before me this day of					
as	Authorized Signatory for	Walt Disney World Resort			
		arty on behalf of whom instrument was executed			
	Signature of Notary Public - State of Florida Prim	I, type, or stamp name of Notary Public			

OR Produced ID

Type of ID Produced



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM 4039219

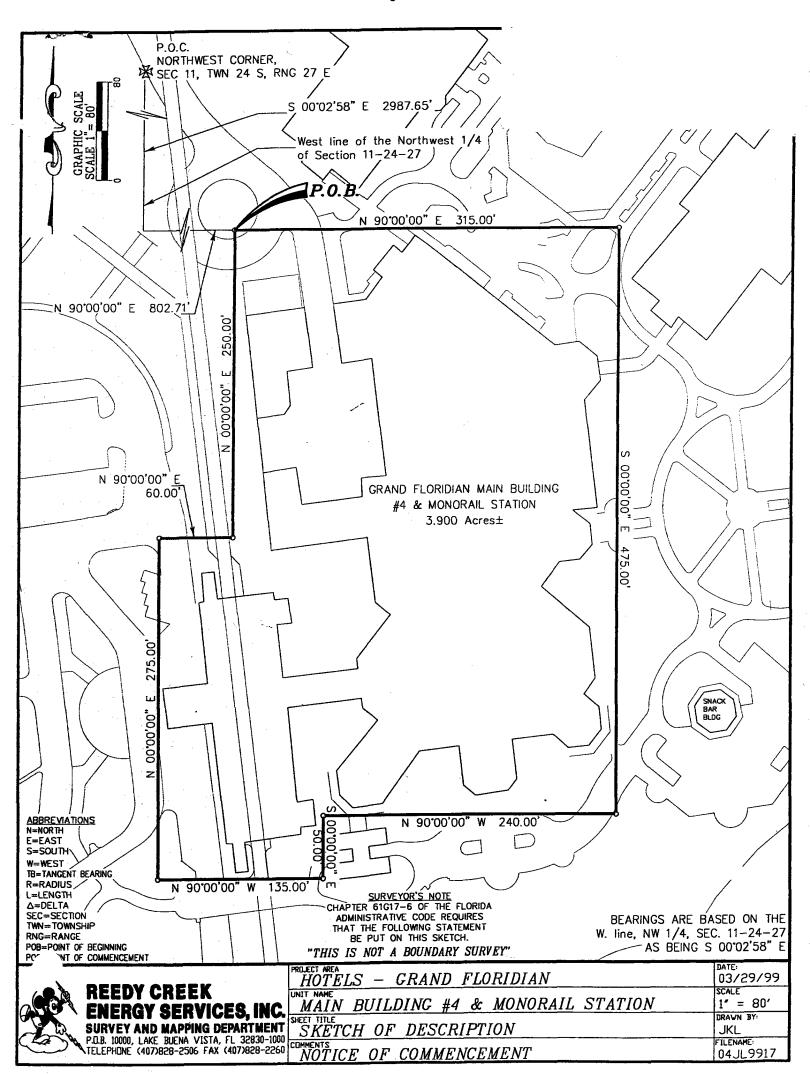
Attn: Brian Crain P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150293420 B: 10932 P: 7649 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



	NOTICE OF COMMENCE	MENI		
Sta	te of Florida, County of Orange			
The	e undersigned hereby gives notice that improvement will be made to c	ertain real property, and in accordance with		
Cha	apter 713, Florida Statues, the following information is provided in this	Notice of Commencement.		
1.	Description of property (legal description of the property, and street address if available)			
	See Attached Legal Description			
2.	General description of improvement			
	Mechanical			
3.	Owner information or Lessee information if the Lessee contract	ted 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 different from O	wner listed above)		
	Name	<del></del>		
	Address			
4.	Contractor			
	Name Hobart Corporation	Telephone Number <u>407-856-4000</u>		
	Address 9777-100 SATELLITE BLVD, ORLANDO, FL 32837			
5.	Surety (if applicable, a copy of the payment bond is attached)			
	Name	Telephone Number		
	Address	Amount of Bond \$		
6.	Lender			
	Name	Telephone Number		
_	Address			
7.		whom notices or other documents may be		
	served as provided by Section 713.13(1)(b), Florida Statutes.  Name Judy Wells, Facility Asset Management (FAM)	Tolophone Number (407) 939 4631		
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	Telephone Number (407) 339-4031		
0.	In addition to himself or herself, Owner designates the followin	n to receive a conv of the Lienar's Natice as		
ο.	provided by Section 713.13(1)(b), Florida Statutes.	g to receive a copy of the Elemon o Remot do		
*	Name Brian Crain	Telephone Number (407)934-7572		
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000			
a	Expiration date of notice of commencement (the expiration date			
٥.	and final payment to the contractor, but will be 1 year from the date			
	09/25/2015	,		
VA/A	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXP	IRATION OF THE NOTICE OF COMMENCEMENT ARE		
CO	NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713	3.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR		
PAY	TING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMISSION SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN	FINANCING, CONSULT WITH YOUR LENDER OR AN		
ATT	ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	MMENCEMENT.		
	the formula of the formula of the formula of	tion of commencement and that the facts		
	der penaity of perjury, I declare that I have read the foregoing no ted in it are true to the best of my knowledge and belief.	nice of commencement and that the facts		
310	ted in it are that to the best of my knowledge and belief	_		
	M AS R.	TP. PAINTEN		
_	Day Sin	1. (Sain 1997/1741		
	Signature of Owner or Lessee, or Owner's or Signature of Owner or Lessee's Authorized Officer/Director/Partner/Manager	natory's Printed Name/Title/Office		
Le	ssee's Authorized Oniceribilectori arthermanager	1 2 - 7		
The	e foregoing instrument was acknowledged before me thisc	lay of the COIS, by Brian Crain		
		month/year		
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 instrument was executed		
_				
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public		
		Notary Public State of Florida		
F	Personally Known OR Produced ID	Kelly L Nobles		
-	Type of ID Produced	My Commission EE 220221 Expires 07/29/2016		
	// · · · · · · · · · · · · · · · · · ·	- of the military important		



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to:

P.O. Box 10000

Lake Buena Vista, FL 32830-1000

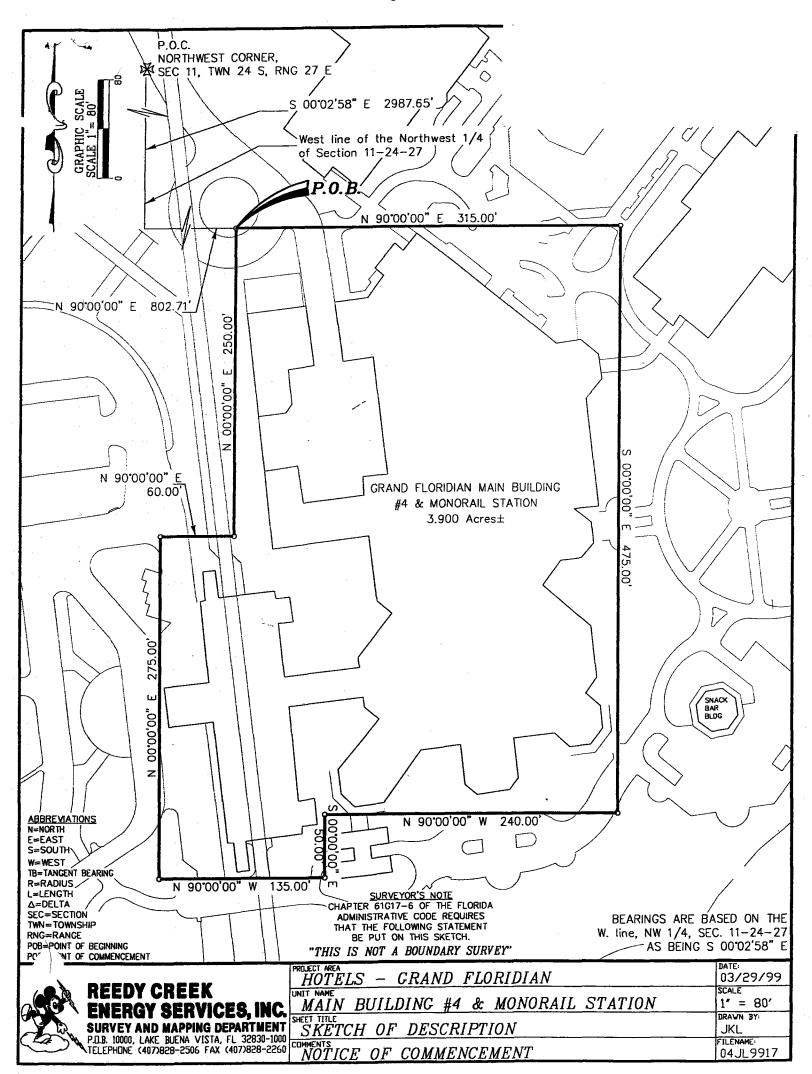
Prepared by and Resort - FAM 4039339

#### NOTICE OF COMMENCEMENT

DOC# 20150293421 B: 10932 P: 7651 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENC	SEMIEN I
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be made	• •
Chapter 713, Florida Statues, the following information is provided in	
. Description of property (legal description of the property, and	street address if available)
See Attached Legal Description	
General description of improvement	
Flooring	
Owner information or Lessee information if the Lessee control	racted 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 different from	n Owner listed above)
Name	
Address	
Contractor	
Name Premus of Orlando Inc	Telephone Number (407) 905-2991
Address 16403 Myers Court, Clermont , FL 34711	
. Surety (if applicable, a copy of the payment bond is attached)	
Name	Telephone Number
Address	Amount of Bond \$
Lender	
Name	Telephone Number
Address	
Persons within the State of Florida designated by Owner upon	
served as provided by Section 713.13(1)(b), Florida Statutes.	
Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-10	
B. In addition to himself or herself, Owner designates the follow	wing to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Florida Statutes.	
Name Brian Crain	Telephone Number (407)934-7572
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-10	
Expiration date of notice of commencement (the expiration of	
and final payment to the contractor, but will be 1 year from the da	ite of recording unless a different date is specified)
08/28/2015	
VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE ISONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION VAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COTHE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAINTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF UNDER THE PROPERTY. I declare that I have read the foregoing	713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR DEPARTMENT MUST BE RECORDED AND POSTED ON UN FINANCING, CONSULT WITH YOUR LENDER OR AN COMMENCEMENT.
tated in it are true to the best of my knowledge and belief.	
0 0 0	
16 - SMAN	I Com PMA/FAM
Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
assemble Authorized Officer/Director/Partner/Manager	•
he foregoing instrument was acknowledged before me this $\underline{\hspace{1cm}}$	day of June 2015 by Brian Crain
s Authorized Signatory for	Walt Disney World Resort
× <del></del>	arme of party on behalf of whom instrument was executed
_ +	
Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Personally Known OR Produced ID	Notary Public State of Florida  Kelly L Nobles  My Commission EE 220221
Type of ID Produced	🔰 ိုက္ခဲ့ေ Expires 07/29/2016 【



Permit Number: Folio/Parcel Identification Number:

Prepared by and Return to: Walt Disney World Resort - FAM

Attn: Brian Crain P.O. Box 10000

Lake Buena Vista, FL 32830-1000

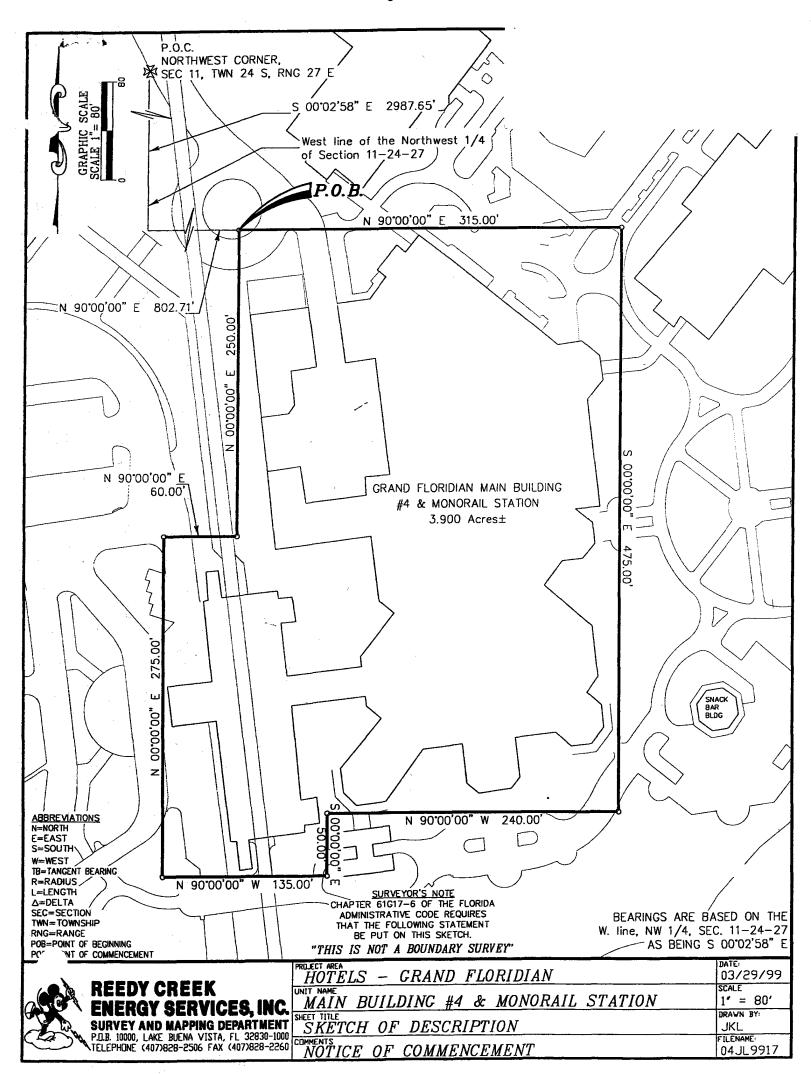
4039339

DOC# 20150293422 B: 10932 P: 7653 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



# NOTICE OF COMMENCEMENT

The	te of Florida, County of Orange undersigned hereby gives notice that improvement will be made to c	
	apter 713, Florida Statues, the following information is provided in this	
1.	Description of property (legal description of the property, and str	eet address if available)
,	See Attached Legal Description	
۷.	General description of improvement Electrical	
3.	Owner information or Lessee information if the Lessee contract	ad for the improvement
J.	Name Walt Disney World Resort	ou for the improvement
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from O Name	wner listed above)
	Address	
ŀ.		· · · · · · · · · · · · · · · · · · ·
	Name Maddox Electric Co Inc DBA ERMCO of	Telephone Number (407) 934-8084
	Address P.O. Box 22164, Lake Buena Vista , FL 32830	
5	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
3.	Lender	
	Name	Telephone Number
	Address	
<b>7</b> .	Persons within the State of Florida designated by Owner upon v	whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Brian Crain	Telephone Number (407)934-7572
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date	e may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date of	of recording unless a different date is specified)
	08/28/2015	
ON PAY HE TT	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMM JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK OR PROPERTY OF THE WORK OF	.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR IENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN MMENCEMENT.
		1
_	10 Ha Co	On CMALFAN
_	- JIM	Clais 111111111111111
Les	Signature of Owner of Lessee, or Owner's or	natory's Printed Name/Title/Office
Γhe	e foregoing instrument was acknowledged before me thisd	ay of line Wiston Krian Crain month/year
s	Authorized Signatory for	Walt Disney World Resort
		of party on behalf of whom instrument was executed
_	Signature of Notary Public - State of Florida	Philippe, of stamp frame-owned Public V
P	ersonally Known OR Produced ID	Kelly L Nobles My Commission EE 220221 Expires 07/29/2016



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to:

Walt Disney World Resort - FAM Attn: Brian Crain

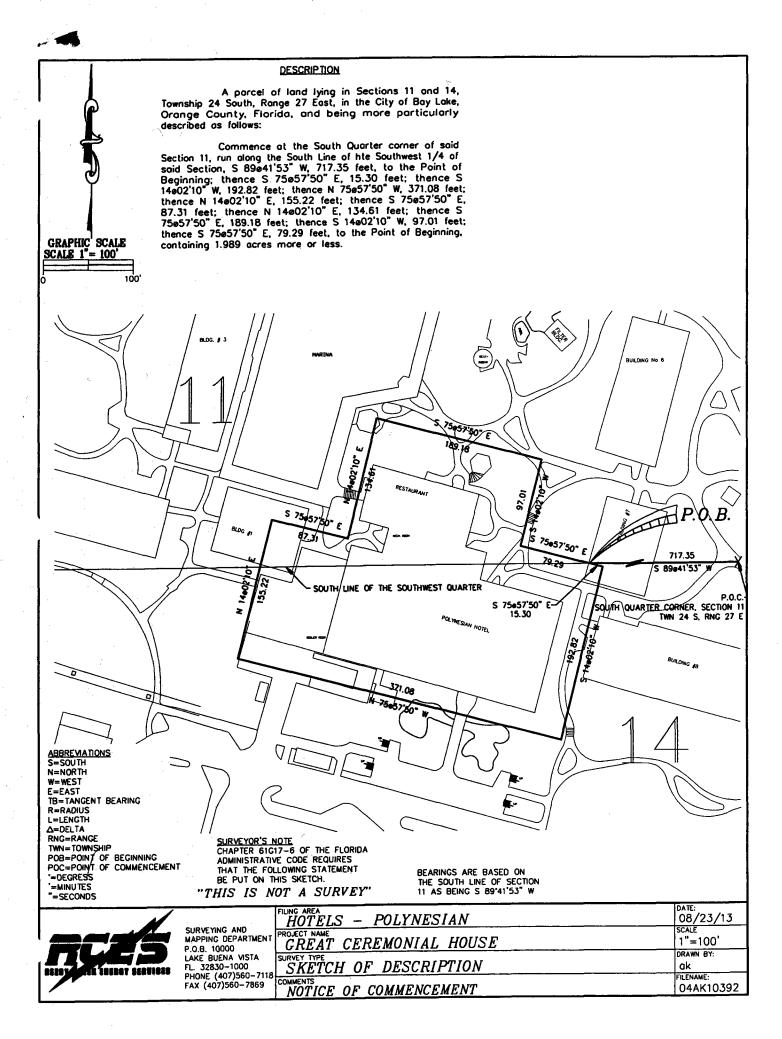
P.O. Box 10000 Lake Buena Vista, FL 32830-1000 4039337

DOC# 20150293423 B: 10932 P: 7655 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



## NOTICE OF COMMENCEMENT

	if Florida, County of Orange dersigned hereby gives notice that improvement will be mad	te to certain real property, and in accordance with
	er 713, Florida Statues, the following information is provided	• •
	scription of property (legal description of the property, a	
	e Attached Legal Description	nd street address if available)
	eneral description of improvement	
Co	ntractor General Conditions	
3. <b>O</b> v	vner information or Lessee information if the Lessee co	ntracted for the improvement
Ņ	lame Walt Disney World Resort	·
A	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
lr	nterest in Property Owner	
N	lame and address of fee simple titleholder (if different fe	rom Owner listed above)
N	lame	
A	Address	
. Co	ntractor	
N	lame Bruns Inc	Telephone Number 407-827-4338
Α	Address PO Box 981, Winderemere, FL 34786	
. Su	rety (if applicable, a copy of the payment bond is attached)	
: N	lame	Telephone Number
· A	Address	A
. Le	nder	
: N	lame	Telephone Number
. A	Address	
. Pe	rsoms within the State of Florida designated by Owner o	ipon whom notices or other documents may be
se	rved as provided by Section 713.13(1)(b), Florida Statut	95.
N	lame Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-	
3. In	addition to himself or herself, Owner designates the fol	lowing to receive a copy of the Lienor's Notice as
pro	ovided by Section 713.13(1)(b), Florida Statutes.	•
	lame Brian Crain	Telephone Number (407)934-7572
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-	
	piration date of notice of commencement (the expiration	
and	d final payment to the contractor, but will be 1 year from the	date of recording unless a different date is specified)
	09/25/2015	
ONSID PAYING THE JO ATTORN	IG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF BITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBJECT BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE PENALTY OF PENALTY. I declare that I have read the foregoing to the property of perjury. I declare that I have read the foregoing the property of	ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON ITAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT.
tated	in it are true to the best of my knowledge and belief.	
	$\sim$ 1 $\sim$	
1	S. = . Holan Land	J. Cai PMA / FAM
Sia	nature of Owner of Lessee, or Owner's or	Signatory's Printed Name/Title/Office
•	's Authorized Officer/Director/Partner/Manager	4 1 - 0
he for	egoing instrument was acknowledged before me this	day of Line 1815, by Brian Crain
	· · · · · · · · · · · · · · · · · · ·	•
s	Authorized Signatory for	Walt Disney World Resort
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
<del></del>	Signature of Notary Public - State of Florida	Reintunga on sterregiegne at Notary Public
Perso	onally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles
	of ID Produced	My Commission EE 220221 Expires 07/29/2016
. , , , , ,		&AAAAAA.



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

DOC# 20150293424 B: 10932 P: 7657 06/11/2015 12:24:08 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



Kelly L Nobles My Commission EE 220221

Expires 07/29/2016

## NOTICE OF COMMENCEMENT

Type of ID Produced

State of Florida, County of Orange	toin roal manach, and in accordance with			
The undersigned hereby gives notice that improvement will be made to cer	• • •			
Chapter 713, Florida Statues, the following information is provided in this N				
Description of property (legal description of the property, and stree	a address ii avallable)			
4034609 See Attached				
2. General description of improvement				
Mechanical	A fact the formation			
Owner information or Lessee information if the Lessee contracted	a 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 different from Own	ner listed above)			
Name				
Address				
4. Contractor	<b></b>			
Name Page Piping Inc	Telephone Number (407) 828-0175			
Address P.O. Box 22180, Lake Buena Vista , FL 32830				
5. Surety (if applicable, a copy of the payment bond is attached)				
Name	Telephone Number			
Address	Amount of Bond \$			
6. Lender				
Name	Telephone Number			
Address				
Name Judy Wells, Facility Asset Management (FAM)  Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000  8. In addition to himself or herself, Owner designates the following the state of the st	Telephone Number (407) 939-4631 to receive a copy of the Lienor's Notice as			
provided by Section 713.13(1)(b), Florida Statutes.				
Name Elery Borton	Telephone Number (407)934-7255			
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000				
9. Expiration date of notice of commencement (the expiration date of	nay not be before the completion of construction			
and final payment to the contractor, but will be 1 year from the date of	recording unless a different date is specified)			
08/31/2015				
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIR. CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.1: PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMET HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FIN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK	3, FLORIDA STATUTES, AND CAN RESULT IN YOUR NCEMENT MUST BE RECORDED AND POSTED ON LANCING, CONSULT WITH YOUR LENDER OR AN MENCEMENT.			
Under penalty of perjury, I declare that I have read the foregoing notic stated in it are true to the best of my knowledge and belief.	ce or commencement and that the facts			
- Carlot				
Class & Sorta Class 6	-BABA PAM			
Signature of Owner or Lessee, or Owner's or Signa	tory's Printed Name/Title/Office			
Lessee's Authorized Officer/Director/Partner/Manager				
The foregoing instrument was acknowledged before me this	y of Leng Bor TON			
as Authorized Signatoryfor	Walt Disney World Resort			
	party on behalf of whom instrument was executed			
	, , , , , , , , , , , , , , , , , , , ,			
Signature of Notary Public - State of Florida Pri	int, type, or stamp name of Notary Public			
Personally Known OR Produced ID	Notary Public State of Florida			

