| Per | mit Number: | DOC # 20150644148 B: 11026 P: 12/14/2015 10:09 AM Page 1 of 1 |
|------------|---|--|
| Fol | mit Number:io/Parcel ID #: | Rec Fee: \$10.00 |
| | pared by: | Deed Doc Tax: \$0.00 |
| | | Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 |
| Rei | urn to: ABBY BRANDENBURG | Martha O. Haynie, Comptroller |
| 13 | 65 AVENUE OF THE STARS/PO BOX 10321 | Orange County, FL Ret To: CSC INC |
| LA | KE BUENA VISTA, FL 32830 | - Ret 10. CSC INC |
| | NOTICE OF COMMENCEMEN | т |
| Sta | te of Florida, County of Orange | • |
| The with | e undersigned hereby gives notice that improvement will be n Chapter 713, Florida Statutes, the following information i | s provided in this Notice of Commencement. |
| 1. | Description of property (legal description of the property 2000 AVENUE OF THE STARS, BAY LAKE, FL, 32830 | , and street address if available) |
| 2. | General description of improvement EPCOT GRAPHICS | · · · · · · · · · · · · · · · · · · |
| 3. | Owner information or Lessee information if the Lessee Name WALT DISNEY IMAGINEERING | · |
| | Address PO BOX 10321, LAKE BUENA VISTA, FL 3283 | 0-0321 |
| | Interest in Property N/A Name and address of fee simple titleholder (if differen Name N/A | from Owner listed above) |
| | Address N/A | <u> </u> |
| 4. | Contractor Name VEATIC | Telephone Number <u>888-474-2999</u> |
| | Address 2450 SMITH STREET, UNIT P, KISSIMMEE, FL | . 34744 |
| 5. | Surety (if applicable, a copy of the payment bond is attact Name N/A | |
| | Address N/A | Amount of Bond \$N/A |
| 6. | Lender Name N/A | Telephone Number N/A |
| | Address N/A | |
| 7. | Persons within the State of Florida designated by Ow be served as provided by §713.13(1)(a)7, Florida State Name RUSSELL STOKES | utes. Telephone Number 407-560-7697 |
| | Address PO BOX 10321, LAKE BUENA VISTA, FL 3283 | 0-0321 |
| 8. | In addition to himself or herself, Owner designates the Notice as provided in §713.13(1)(b), Florida Statutes. | e following to receive a copy of the Lienor's |
| | Name BETH DOUGHERTY - CONTRACT ACCOUNTING | Telephone Number <u>407-560-3660</u> |
| | Address PO BOX 10321, LAKE BUENA VISTA, FL 3283 | 0-0321 |
| 9. | Expiration date of notice of commencement (the expiration and final payment to the contractor, but will | ation date may not be before the completion of the seconding unless a |
| | different date is specified) | ———— |
| ARI RE: | RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PARENTS IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROCEDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSITE YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR | RT I, SECTION 713.13, FLORIDA STATUTES, AND CAN DPERTY. A NOTICE OF COMMENCEMENT MUST BE PECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| | | VP & GM |
| _ | nature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/Di | r |
| Th | e foregoing instrument was acknowledged before me this | month/year name of person |
| as | Vice-President & General Manager for Type of authority, e.g., officer, trustee, attorney in fact | Walt Disney Imagineering Name of party on behalf of whom instrument was executed |
| - | Signature of Notary Public - State of Florida | Print, type, or stemp commissioned name of Notary Public |
| | rsonally Known OR Produced ID | |
| . 1 | | CAROLYN MARY BELLINO NOTARY PUBLIC STATE OF FLORIDA |
| For | m content revised: 10/17/12 | Comm# FF099835 Expires 7/5/2018 |

9309

Prepared by/record and return to:

Walt Disney World Resort

Attn: P.O. Box 10000

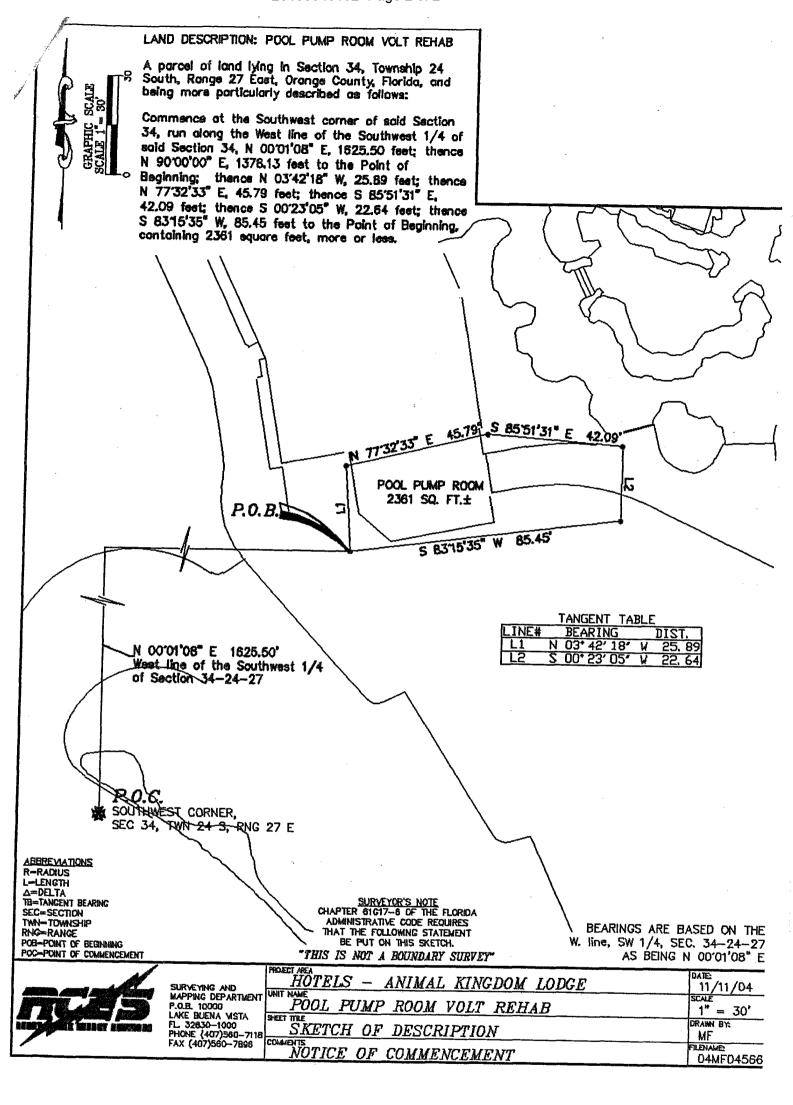
8.

Lake Buena Vista, FL 32830-1000

DOC# 20150645192 B: 11027 P: 2593 12/14/2015 12:58:22 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



| | | | |
|--------------------------------------|---|--|--|
| | | Permit No | Tax Folio No |
| | | NOTICE O | F COMMENCEMENT |
| Stat | e of FI | orida, County of | |
| | | - · · · · · · · · · · · · · · · · · · · | ements will be made to certain real property, and in accordance iformation is provided in this notice of commencement. |
| 1. | Des | cription of property: See legal atta | ened |
| 2. | | eral description of improvements: Peple | |
| 3. | Owr (a) | ner Information: Name and address: Walt Disney Wor | d Resort, P.O. Box 10000, Lake Buena Vista, FL 32830 |
| | (c) | Interest in property: Owner Name and address of fee simple titleh | older (if other than Owner): |
| 4. | (a) | Contractor (name and address): Thermal Tech Inc. 5141 | Forsyth Commerce Rd. ORlando, FL 32807 |
| _ | (b) | Contractor's phone number: (467)3つ3-004 <i>紀</i> | |
| 5. | Sure (a) (b) (c) | Name and address: Phone number: Amount of Bond: | |
| 6. | (a) (b) | Lender (name and address): Lender's phone number: | |
| 7. | (a) (b) | may be served as provided by Section | signated by Owner upon whom notices or other documents <u>713.13</u> (1)(a)7., Florida Statues: (name and address): Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 s: (407) 828-3582 |
| | (a) (b) | In addition to himself or herself, Owner to receive a copy of the Lienor's Noti Phone number of person or entity des | ce as provided in Section 713.13 (1)(b), Florida Statutes.DavDa |
| 9. | | ration date of notice of commencemen ss a different date is specified): | t (the expiration date is 1 year from the date of recording |
| OF C SECT IMPR POST CON: | OMMI FION 7 ROVEN FED O SULT RINOT | ENCEMENT ARE CONSIDERED IMPR <u>13.13</u> , FLORIDA STATUTES, AND CA MENTS TO YOUR PROPERTY. A NOT N THE JOB SITE BEFORE THE FIRS | BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OPER PAYMENTS UNDER CHAPTER 713, PART I, AN RESULT IN YOUR PAYING TWICE FOR ICE OF COMMENCEMENT MUST BE RECORDED AND I INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, NEY BEFORE COMMENCING WORK OR RECORDING Signatory's Printed Name/Title/Office |
| The fo | regoing | instrument was acknowledged before me this | <u>D</u> day of <u>December</u> , 20 <u>15</u> , by ,as |
| | | Authorized Signatory | Walt Disney World Resort |
| | (Type o | f authority, e.g., officer, trustee, attorney-in-fact) | (name of party on behalf of whom instrument was executed) |
| | Person | Specture of Notary Public - State of Florida ally Known OR Produced f ID Produced | Notary Public State of Florida (Print, Types or Stakip 可能和MSERMed Name of Notary Public) My Commission FF 049581 F spires 09/28/2017 |
| Veri | fication | pursuant to Section 92.525 ,Florida Statutes: | Under penalties of perjury, I declare that I have read |
| the | foregoin | g and that the facts stated in are true to the be | st of my knowledge and belief. |
| | | n 1 1ryll | Signature of Natural Person Signing Above |
| | | , | |



| | DOC # 20150646006 B: 11027 P: 4839 12/15/2015 07:46 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 |
| Prepared by: Maria McCabe Buena Vista Construction Company | Orange County, FL Ret To: SIMPLIFILE LC |
| | |
| Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 | f |
| NOTICE OF COMME | NCEMENT |
| 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) |
| HS - Hyperion Theater CO2 Pad, 651 Stage Lane JEHS5 | 063 |
| General description of improvement Provide labor, material and/or electrical for construction | |
| Provide labor, material and/or electrical for construction 3. Owner information or Lessee information if the Lessee Name Walt Disney World Resort | contracted for the improvement |
| Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property | |
| Interest in Property Name and address of fee simple titleholder (if different f | rom Owner listed above) |
| Name | |
| Address | |
| 4. Contractor | |
| Contractor Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 Surety (if applicable, a copy of the payment bond is attached) | 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 attached | d) |
| Nams | |
| Address | Amount of Bond \$ |
| 6 lender | |
| Name | Telephone Number |
| Address | |
| Persons within the State of Florida designated by Owne be served as provided by §713.13(1)(a)7, Florida Statut | es. |
| 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. | |
| Name Doug Scharfenberg, 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) | tion 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 ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROFISED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPE WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK Under penalty of partury, Lacciare that I have read the fore | I, SECTION 713.13, FLORIDA STATUTES, AND CAN PERTY. A NOTICE OF COMMENCEMENT MUST BE CTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT OR RECORDING YOUR NOTICE OF COMMENCEMENT. |
| facts stated in it are true to the best of my knowledge and | belief |
| | Director |
| Support up and Support or Language Str Ourser's or Language Authorized Officer/Dire | ************************************** |

___ day of Sep 15 by Tom Troffer The foregoing instrument was acknowledged before me this _

month/year as Director

for Buena Vista Construction Company
Name of party on behalf of whom instrument was executed

Maria McCabe

Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID Type of ID Produced

Signature of Notary Public – State of Florida

Type of authority, e.g., officer, trustee, attorney in fact

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

Rorm Revised: September 26, 2011

DOC # 20150646415 B: 11027 P: 5966 12/15/2015 08:50 AM Page 1 of 1 Rec Fee: \$10.00 Permit Number: Deed Doc Tax: \$0.00 Folio/Parcel ID #: Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Prepared by: Martha O. Haynie, Comptroller Orange County, FL Ret To: CSC INC Return to: ABBY BRANDENBURG 1365 AVENUE OF THE STARS/PO BOX 10321 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) 1990 AVENUE OF THE STARS, BAY LAKE, FL, 32830 2. General description of improvement **EPCOT GRAPHICS** 3. Owner Information or Lessee information if the Lessee contracted for the improvement Name WALT DISNEY IMAGINEERING Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321 Interest in Property N/A Name and address of fee simple titleholder (if different from Owner listed above) Name N/A Address N/A 4. Contractor Telephone Number 888-474-2999 Name VEATIC Address 2450 SMITH STREET, UNIT P, KISSIMMEE, FL 34744 Surety (if applicable, a copy of the payment bond is attached) Telephone Number N/A Name N/A Amount of Bond \$N/A Address N/A 6. Lender Name N/A Telephone Number N/A Address N/A 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<u>407-560</u>-7697 Name RUSSELL STOKES Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321 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 BETH DOUGHERTY - CONTRACT ACCOUNTING Telephone Number 407-560-3660 Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321 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)

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 ATTENDED COMMENCEMENT. J. EUTCH FIL VP&GM

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

day of Occentor John C. Blitch The foregoing instrument was acknowledged before me this 1

month/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

Signature of Notary Public – State of Florida

OR Produced ID

Print, type, or stamp commissioned name of Notary Public

Notary Public State of Florida Catherine E Williams My Commission EE154915 Expires 12/20/2015

Form content revised: 10/17/12

Personally Known

Type of ID Produced_

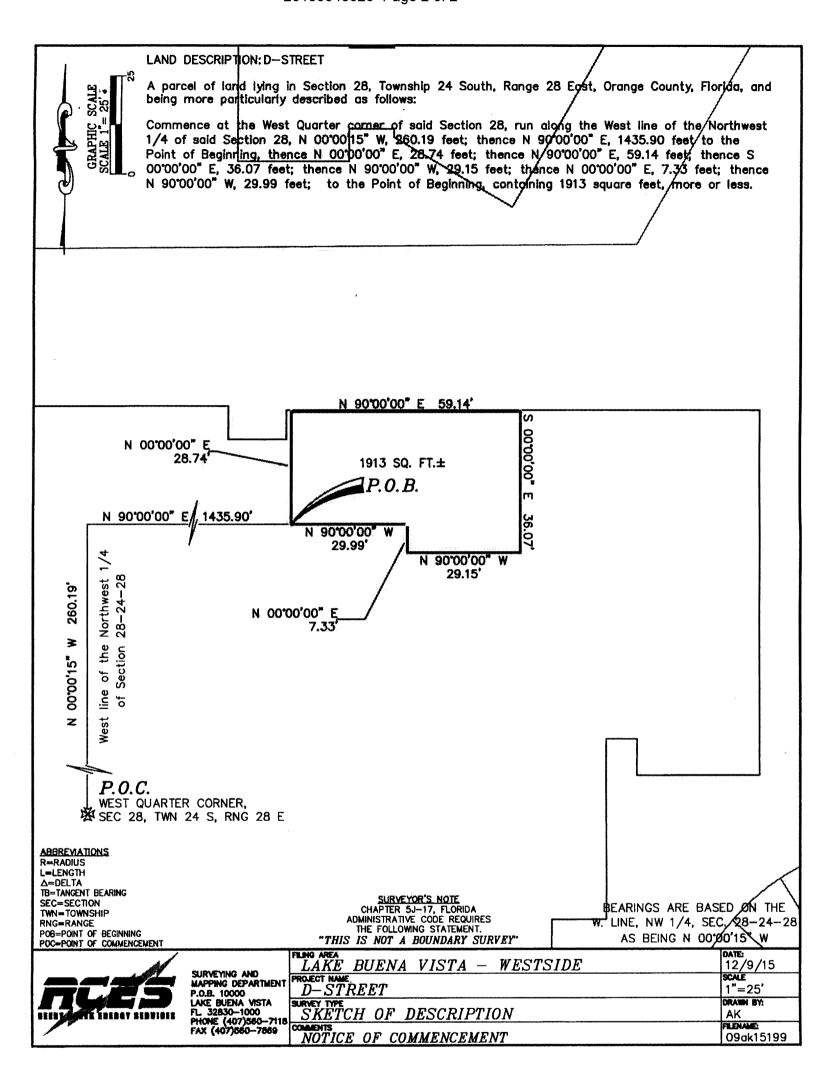
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Acela Troffer P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOCH 20150648026 B: 11028 P: 0998 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. | . Description of property | (legal description of the property, & street address if available) |
|---|--|--|
| | See attached | |
| 2 | General description of improvement | |
| _ | General Construction | |
| 3. | Owner information of Lessee information if the Lessee contra | cted for the improvement |
| | Name: Walt Disney World Resort | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property: Owner | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| 4 | Address: Contractor | |
| | Name: Design Communications Ltd | Telephone Number: 407-856-9661 |
| | Address: 10611 Satellite Blvd., Orlando, FL 32837 | Toopton various 407-000-000 |
| 5 | Surety | (if applicable, a copy of the payment bond is attached) |
| ٠. | Name: | Telephone Number: |
| | Address; | Amount of Bond \$ |
| 6 | Lender | - This is a second of the seco |
| 0. | Name: | Telephone Number: |
| | Address: | Toephore runnot. |
| _ | Persons within the State of Florida designated by Owner upon | n whom notices or other documents may be served as |
| 7. | provided by Section 713.13(1)(b), Florida Statues. | WHOM NOTICES OF OTHER GOCUMENTS May be served as |
| | 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 follow Section 713.13(1)(b), Florida Statues. | ing to receive a copy of the Lienor's Notice as provided by |
| | Name: Katherine McGraw | Telephone Number: 321-228-5557 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 9. | Expiration date of notice of commencement | |
| | (the expiration date may not be before the completion of construct | ion and final payment to the contractor, but will be 1 year from |
| | the date of recording unless a different date is specified) | |
| PA TH AT | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER DISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SE LYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC IE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOT INDEED TO PROPERTY. I DECIATE THAT IT HAVE TOO THE FOREY. I DECIATE THAT I HAVE TOO THE FOREY. | ECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR IE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON ITAIN FINANCING, CONSULT WITH YOUR LENDER OR AN I'ICE OF COMMENCEMENT. |
| | e to the best of my knowledge and belief. | 10. |
| | xchigh y | KCMSele Katherine McGraw, Flank |
| | Signature of Owner or Lessee, or Owner's or Lessee's | |
| | Authorized Officer/Director/Partner/Manager | Was I I I I I I I I I I I I I I I I I I I |
| The | e foregoing instrument was acknowledged before me this | Signatory's Printed Name/Title/Office Aday of Jezzes, by Katherine McGraw monthlysal |
| | | month/year / 1 |
| as | Aqthorized 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 |
| Per | rsonally known X OR Produced ID | S NAT No. Notary Public State of Florida |
| Тур | pe of ID Produced | Kelly L. Nobles My Commission EE 220221 Expires 07/29/2016 |
| | | |



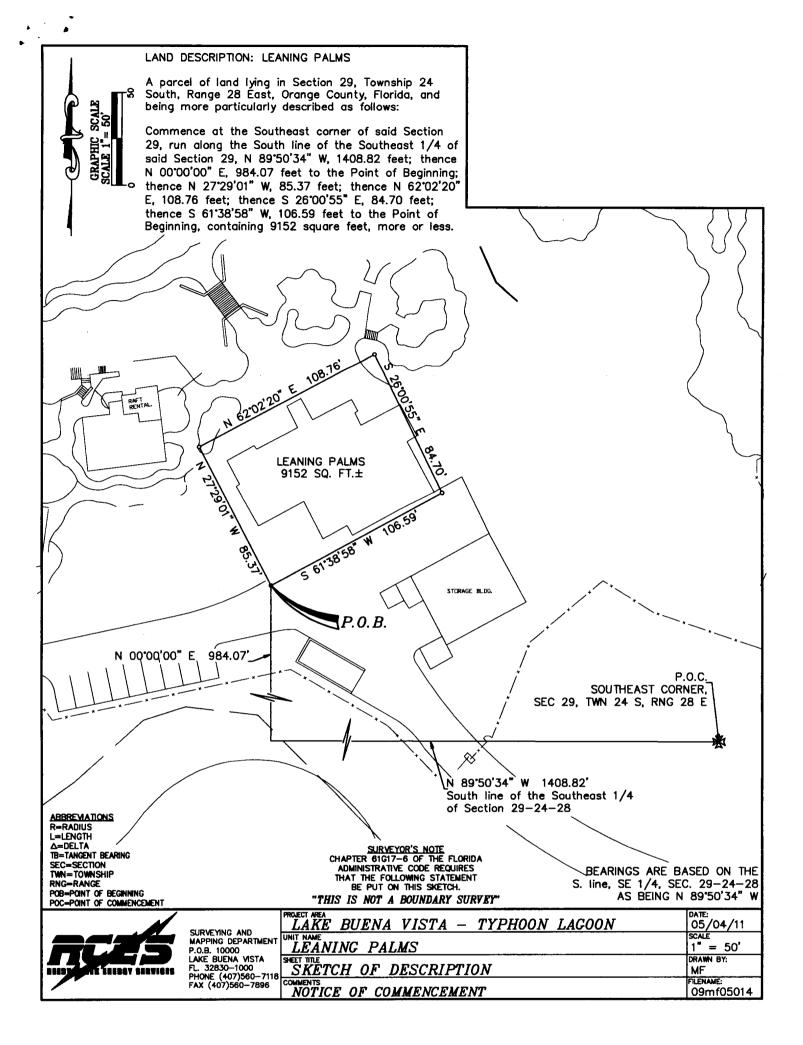
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jennifer Giambrone P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150648027 B: 11028 P: 1000 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| | ations, the following information is provided in this Notice | |
|---|--|---|
| 1. Descri | ption of property | (legal description of the property, & street address if available) |
| | al description of improvement | |
| | al Construction | |
| | information of Lessee information if the Lessee con | ntracted for the improvement |
| Name: | Walt Disney World Resort | · |
| Addres | s: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interes | t in Property: Owner | |
| Name | & address of fee simple titleholder | (if different from Owner listed above) |
| Name: | | |
| Addres | ss: | |
| 4. Contra | actor | |
| Name: | Lo Temp Engineering | Telephone Number: 407-654-4055 |
| Addres | ss: 1001 Crown Park Circle, Winter Garden, FL 34787 | |
| 5. Surety | | (if applicable, a copy of the payment bond is attached) |
| Name: | | Telephone Number: |
| Addres | es: | Amount of Bond \$ |
| 6. Lende | r | |
| Name: | | Telephone Number: |
| Addres | | |
| 7. Person | | pon whom notices or other documents may be served as |
| Name: | Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| Addres | ss: P.O. Box 10000, Lake Buena Vista, Florida 32830-10 | 000 |
| Name: Addres | Jennifer Giambrone ss: P.O. Box 10000, Lake Buena Vista, Florida 32830-10 | Telephone Number: (407)560-1711 |
| 9. Expira | tion date of notice of commencement | |
| | piration date may not be before the completion of constr te of recording unless a different date is specified) | ruction and final payment to the contractor, but will be 1 year from |
| | Feb 26 | 6, 2016 |
| CONSIDER PAYMENT THE JOB S ATTORNE Under pe | RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NO SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO Y BEFORE COMMENCING WORK OR RECORDING YOUR N | ER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR OTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN NOTICE OF COMMENCEMENT. ing notice of commencement and that the facts stated in it are |
| XIL | WIN MAMMINUC | Jennyer Giambrone / Planner / FAI |
| | ure/of Owner or Lessee, or Owner's or Lessee's | Signatory's Printed Name/Title/Office |
| / | whorized Officer/Director/Partner/Manager | |
| The forego | oing instrument was acknowledged before me this | day of DEC (015, by Jenniter of an |
| | | month/year |
| | SA-Maril 101 at | Mala Diagram Madd Dagad |
| as | Authorized Signatory | for Walt Disney World Resort |
| Ty | /pelof 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 |
| | • | *************************************** |
| Personally | known X OR Produced ID | Notary Public State of Florida |
| · | | Kelly L Nobles My Commission EE 220221 |
| | | A B A mailton or no not no not no not not not not not no |
| ype of ID | Produced | Expires 07/29/2016 |



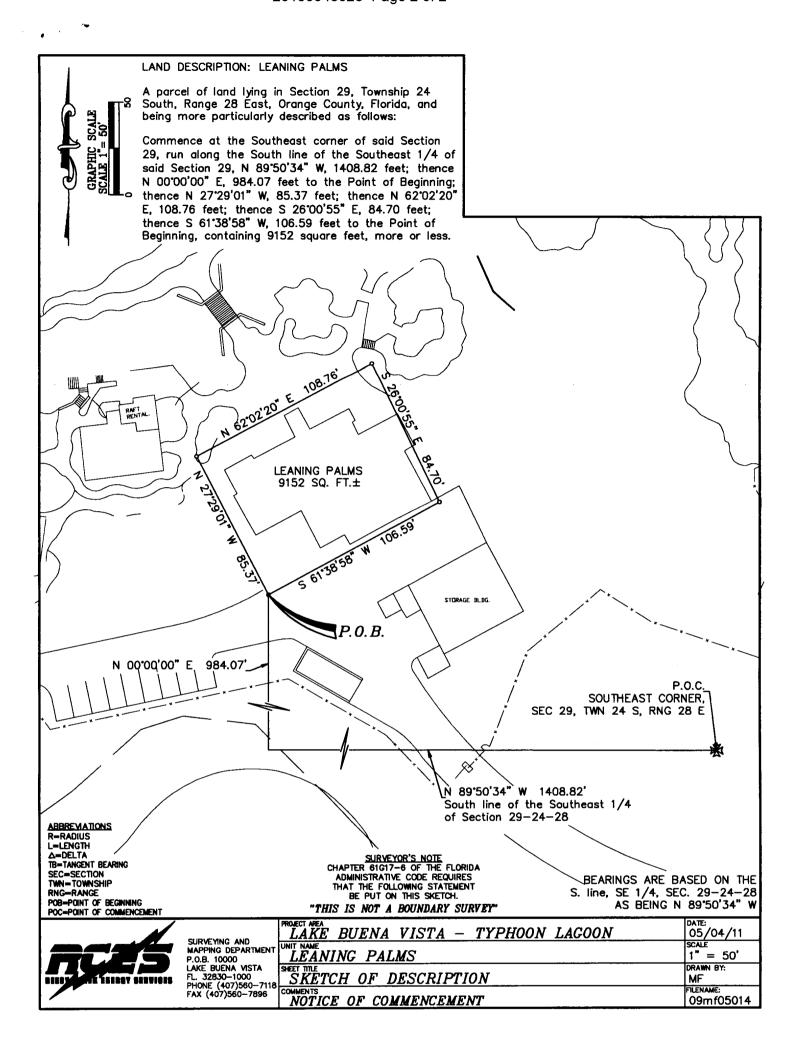
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jennifer Giambrone P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150648028 B: 11028 P: 1002 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. | Description of property See Attached | (legal description of the property, & street address if available) |
|----------------|--|--|
| 2. | General description of improvement | |
| | General Construction | |
| 3. | Owner information of 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 & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| | Address: | |
| 4. | Contractor | |
| | Name: Haines City Fire Extinguisher | Telephone Number: 800-294-3473 |
| | Address: P.O. Box 425, HAINES CITY, FL 33845 | and the state of t |
| 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 v provided by Section 713.13(1)(b), Florida Statues. | whom notices or other documents may be served as |
| | 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 Section 713.13(1)(b), Florida Statues. | |
| | Name: Jennifer Giambrone | Telephone Number: (407)560-1711 |
| _ | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 9. | Expiration date of notice of commencement (the expiration date may not be before the completion of construction the date of recording unless a different date is specified) | n and final payment to the contractor, but will be 1 year from |
| | Feb 26, 201 | 6 |
| PA TH AT | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER TH DISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC LYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTA TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTIC | TION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON AIN FINANCING, CONSULT WITH YOUR LENDER OR AN E OF COMMENCEMENT. |
| | der penalty fo perjury, I declare that I have read the foregoing note to the best of my knowledge and belief. | |
| 4 | Signature/of Owner/or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | ennifer Giambrone/Planner/FAM Signatory's Printed Name/Title/Office |
| Th | e foregoing instrument was acknowledged before me this | day of DECLOIS, by JENU tex (7) Am Vione 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 |
| Pe | rsonally known X OR Produced ID | Notary Public State of Florida Kelly L Nobles |
| Ту | pe of ID Produced | My Commission EE 220221 |



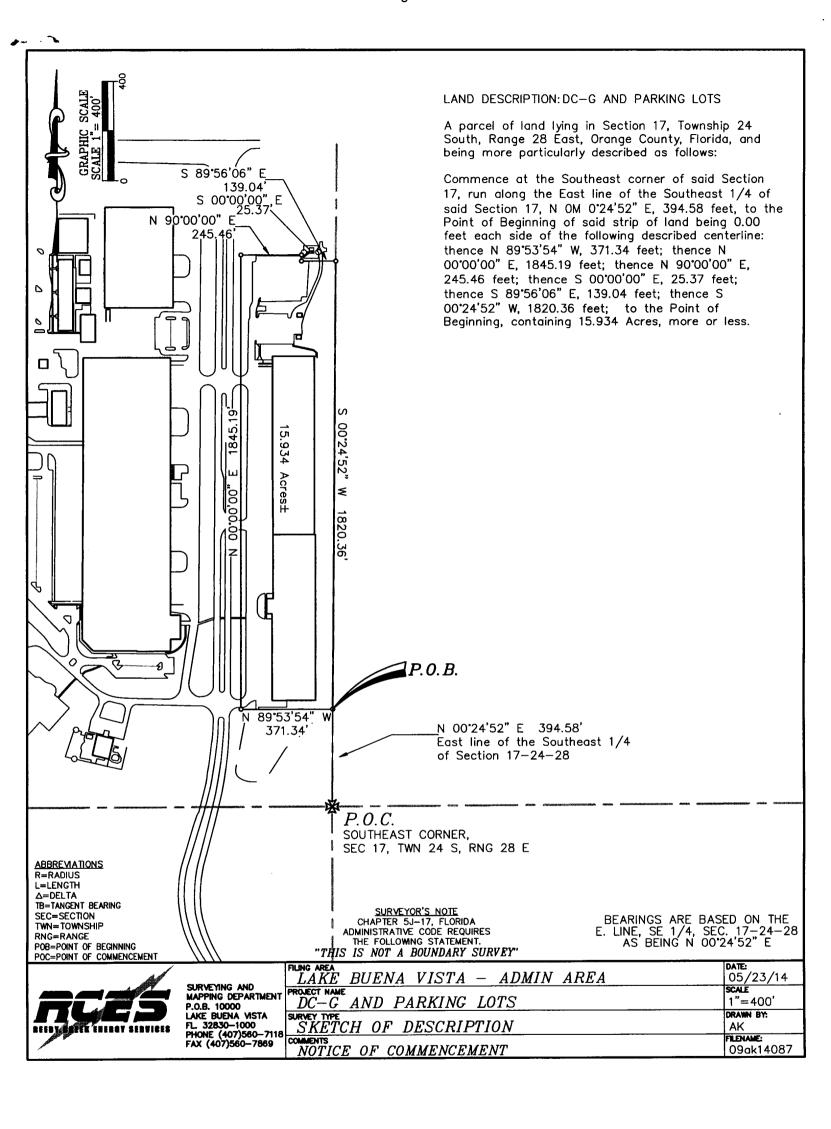
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Cynthia Reese P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOCH 20150648029 B: 11028 P: 1004 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| . Descriptio | on or property | (legal description of the property, & street address if available) |
|--|--|---|
| Please see | e attached legal description. | |
| . General d | escription of improvement | |
| Electrical | | |
| . Owner inf | ormation of Lessee information if the Lessee o | contracted for the improvement |
| Name: | Walt Disney World Resort | |
| Address: I | P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in | Property: Owner | |
| Name & a | ddress of fee simple titleholder | (if different from Owner listed above |
| Name: | | |
| Address: | | |
| - Contracto | | |
| Name: | Maddox Electric Co Inc DBA ERMCO of | Telephone Number: (407) 934-8084 |
| Address: I | P.O. Box 22164, Lake Buena Vista , FL 32830 | |
| Surety | | (if applicable, a copy of the payment bond is attached |
| Name: | | Telephone Number: |
| Address: | | Amount of Bond \$ |
| . Lender | | |
| Name: | | Telephone Number: |
| Address: | | |
| Persons v | within the State of Florida designated by Owne | r upon whom notices or other documents may be served as |
| | by Section 713.13(1)(b), Florida Statues. | W. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 |
| | dy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-463 |
| | P.O. Box 10000, Lake Buena Vista, Florida 32830 | |
| Section 7 | 13.13(1)(b), Florida Statues. | following to receive a copy of the Lienor's Notice as provided by |
| | Cynthia Reese | Telephone Number: 407-939-480 |
| Address: I | P.O. Box 10000, Lake Buena Vista, Florida 32830 |)-1000 |
| • | n date of notice of commencement | |
| | ition date may not be before the completion of cor f recording unless a different date is specified) | nstruction and final payment to the contractor, but will be 1 year from |
| | Apr | 29, 2016 |
| ONSIDERED AYMENT TWI HE JOB SITE | OWNER: ANY PAYMENTS MADE BY THE OWNER A IMPROPER PAYMENTS UNDER CHAPTER 713, PARICE FOR IMPROVEMENTS TO YOUR PROPERTY. A | FITER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE RET I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN |
| | | going notice of commencement and that the facts stated in it are |
| // | est of ply knowledge and belief. | 1 1100 1mm 1 M |
| CIM | Ima bolocol | Cunthia Keese/FHM/MUNDA |
| | of Owner or Lessee, or Owner's or Lessee's | Signatory's Printed Mame/Title/Office |
| Autho | orized Officer/Director/Partner/Manager | with I am a Will |
| ne foregoing | instrument was acknowledged before me this | day of DEC LOIS, by Cyullus De |
| s | Anthorized Signatory | for Walt Disney World Resort |
| | of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrument was executed |
| | $\frac{1}{\sqrt{1}}$ | |
| | | |
| Sign | at of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| ersonally kno | own X OR Produced ID | Notary Public State of Florida |
| | , | Kelly L Nobles |
| ype of ID Pro | oduced | My Commission EE 220221 Expires 07/29/2018 |



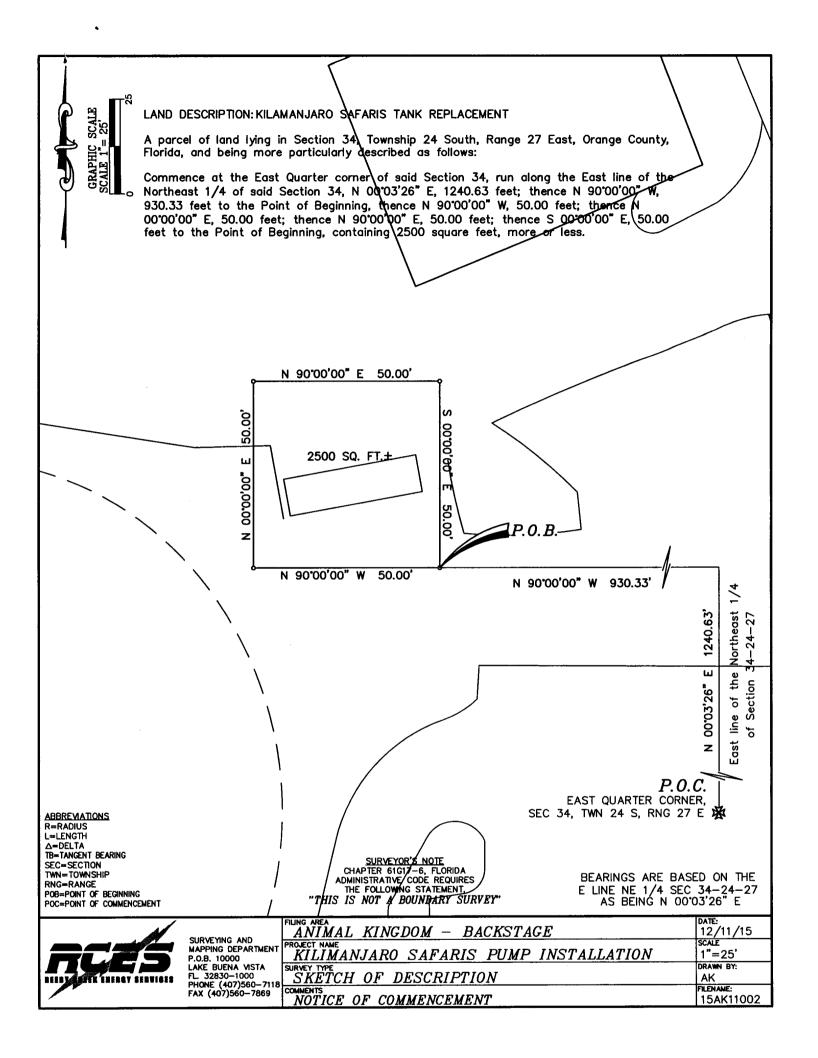
rermit number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Brad Lunte
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

DOC# 20150648030 B: 11028 P: 1006 12/15/2015 12:49:58 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

| Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista , FL 32830 Surety (if applicable, a copy of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the contraction of the payment bond is attached to the payment bond is attached to the contraction of the payment bond is attached to t | | (legal description of the property, a street address if available |
|--|---|--|
| Section 713.13(1)(b), Florida Statuse. Same: Wall Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, Fl. 32830 Interest in Property: Owner Name: Address of fee simple titleholder Name: Maddress of fee simple titleholder Name: Maddress of fee simple titleholder Name: Maddress of fee simple titleholder Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Surety (if applicable, a copy of the payment bond is attached the same vista, Fl. 32830 Telephone Number: Address: Amount of Bond \$\frac{1}{2}\$ Address: Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Suretion 713,13(1)(b), Florida States, Name: Judy Wells, Facility Asset Management (if AM) Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 By addition to Inhesit of herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713,13(1)(b), Florida Statuss. Telephone Number: (407) 560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration date of notice of commencement Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration date of notice of commencement Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration date of notice of commencement Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration | | |
| 3. Owner Information of Lessee information if the Lessee contracted for the improvement Name: Walt Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name & Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista , FL 32830 Surety (if applicable, a copy of the payment bond is attacher Telephone Number: Address: P.O. Box 22164, Lake Buena Vista , FL 32830 Surety (if applicable, a copy of the payment bond is attacher Telephone Number: Address: P.O. Box 20164, Lake Buena Vista , FL 32830 Surety (if applicable, a copy of the payment bond is attacher Telephone Number: Address: P.O. Box 20164, Lake Buena Vista , Florida 2830 Lander Telephone Number: Address: Amount of Bond \$ Lander Telephone Number: Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Jackets: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Jackets: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Jackets: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Jackets: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Jackets: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Buena Vista, Florida 2830-1000 Address: P.O. Box 10000, Lake Bue | 2. General description of improvement | |
| Name: Walt Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name & address of fee simple titleholder Name: Maddox Electric Co Inc DBA ERMCO of Name: Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista , FL 32830 5. Surety (if applicable, a copy of the payment bond is attacher Name: Telephone Number: Amount of Bond \$ Lender Name: Telephone Number: Telephone Number: Address: Amount of Bond \$ Name: Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Ficrida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 950-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 950-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or harself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 950-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or harself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 950-532 Address: | Electrical | |
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| Name & address of fee simple titleholder Name: Address: 4. Contractor Name: Maddox Electric Co Inc DBA ERIMCO of Address: 5. Contractor Name: Maddox Electric Co Inc DBA ERIMCO of Telephone Number: (407) 934-808 Address: Address: Anount of Bond \$ S. Lender Name: Telephone Number: Address: Anount of Bond \$ S. Lender Name: Telephone Number: Address: Anount of Bond \$ S. Lender Name: Telephone Number: Address: Anount of Bond \$ S. Lender Name: Telephone Number: Address: P.O. Box 10000. Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 939-463 Address: P.O. Box 10000. Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407)550-532 Address: P.O. Box 10000. Lake Buena Vista, Florida 32830-1000 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) AMAINING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER T13. PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RECORDED AND OWNER OF RECORDEN YOUR OWNER OF RECORDER NO WORK OR RECORDEN YOUR OWNER OF RECORDER OWNER OWNE | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
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| Address: 4. Contractor Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista , FL 32830 5. Surety Name: Telephone Number: Telephone Number: Amount of Bond \$ 5. Lander Name: Amount of Bond \$ 5. Lander Name: Telephone Number: Amount of Bond \$ 5. Lander Name: Telephone Number: Amount of Bond \$ 5. Lander Name: Telephone Number: Amount of Bond \$ Address: Amount of Bond \$ Telephone Number: Amount of Bond \$ Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 B in addition to himself or herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407) 938-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration date of notice of commencement (the expiration date of notice of commencement (the expiration date amay not be before the completion of construction and final payment to the contractor, but will be 1 year from the dale of recording unless a different date is specified) AMAINING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND POSTEO ON the Job SITE BEFORE THE RAYS INSPECTION, IF YOU INTEND TO GOT AM INTANCEMENT WITH POUR PROPERT AND POSTEO ON HE JOB SITE BEFORE THE RIST INSPECTION, IF YOU INTEND TO GOT AM INNANCE, CONSULT WITH YOUR LENDER OR AN ATTORNEY SEPORE COMMENCEMENT STO YOUR PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE POUR PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE POUR PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE POUR PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE POUR PROPERTY. A NOTICE OF COMMENCEMENT WITH POUR ERROCTION FOR NAME OF THE PROPERTY. | Name & address of fee simple titleholder | (if different from Owner listed above |
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| Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-808 Address: P.O. Box 22164, Lake Buena Vista , FL 32830 Surety (iff applicable, a copy of the payment bond is attacher Telephone Number: Telephone Number: Address: Amount of Bond \$ Name: Telephone Number: Telephone Number: Address: Amount of Bond \$ Name: Telephone Number: Telephone Number: Address: P.O. Box 10000, Lake of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713-13(1)(b), Florida Statues. Name: Judy Wells, Facility Asset Menagement (FAM) Telephone Number: (407) 938-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 B. Section 713-13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 B. Expiration date of notice of commencement (the expiration date of notice of commencement (the expiration date any 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) Apr 29, 2016 ARRINNO TO OWNER: ANY PAYMENTS IMDER CHAPTER TIS, PART I, SECTION 713-13, FLORIDA STATUES, AND CARROLL TO AND PAYMENTS UNDER CHAPTER TIS, PART I, SECTION 713-13, FLORIDA STATUES, AND CARROLL TO AND POSTED ON RECORDING YOUR NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN INTRORPUSE POR EXPORTED TO NEST OR OR RESULT IN YOUR DISTORY OF TOO TO STATUS SECTION TO STATUS, AND CARROLL TO WITH YOUR LENDER OR AN INTRORPUSE PORCE COMMENCEMENT MIST PAYMENTS WHO POSTED ON RECORDING YOUR NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN INTRORPUSE PORCE COMMENCEMENT MIST PAYMENTS WHO POSTED ON RECORDING YOUR NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN INTRORPUSE PORCE OF THE PAYMENTS WHO POSTED ON RECORDING YOUR NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN INTRORPUSE PORCE OF THE PAYMENTS WHO POSTED ON RECORDING YOUR NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN INTRORPUSE PORCE OF THE POSTED ON POSTED ON POSTED ON POSTED ON | Address: | |
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| 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 whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statues. Name: Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Is addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lumb Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERED IMPROPER PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERED IMPROPER PAYMENTS WORD PROPERTY. A NOTICE OF COMMENCEMENT IN YOUR AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY AN OTICE OF COMMENCEMENT THE YOUR PROPERTY AN OTICE OF COMMENCEMENT THE YOUR AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. AN OTICE OF COMMENCEMENT THE YOUR PROPERTY AN OTICE OF COMMENCEMENT THE YOUR CERCORING YOUR NOTICE OF COMMENCEMENT THE YOUR AYMENT TIME CERCORING YOUR NOTICE OF COMMENCEMENT. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager To great the first inspection, is you instrument was acknowledged before me this Signatory's Printed NamarTitle/Office Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public Print, type, or stamp name of N | Name: Maddox Electric Co Inc DBA ERMCO of | Telephone Number: (407) 934-808 |
| Name: Telephone Number: Address: Amount of Bond \$ 3. 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 938-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Is addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERD IMPROPER PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERD IMPROPER PAYMENTS INDEER CHAPTER 113, PART I, SECTION 113.13, FLORIDA STATUES, AND CAM RESULT IN YOUR AVMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT THY SECTION AND THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ITTORNEY BEFORE COMMENCEMENT TO YOUR PROPERTY AND NOTICE OF COMMENCEMENT. Indeer penalty fo perfury. I deelars that I have read the foregoing notice of commencement and that the facts stated in it are ue to the best of mystidivided and belief. Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Flori | Address: P.O. Box 22164, Lake Buena Vista , FL 32830 | |
| Address: Amount of Bond \$ 3. Lender Telephone Number: 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunle Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) Apr 29, 2016 ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR AMENITY TIVE OF ROMENCEMENT TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON HE JOS SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TITONNEY SEPTORE COMMENCIAN WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Inder penalty to portury, I desirate that I have read the foregoing notice of commencement and that the facts stated in it are use to the best of may factive day and bellef. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Directorin/Pariner/Manager Type of authority, e.g., officer, trustee, attorney in fact ORD Report of Notary Public - State of Florids Print, type, or stamp name of Notary Public Print, type, or stamp name of Notary Public Print, type, or stamp name of Notary Public | 5. Surety | (if applicable, a copy of the payment bond is attached |
| 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) Apr 29, 2016 ARRINING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PBRT 13, SECTION 713.13, FLORIDA STATUES, AND CAR RESULT IN YOUR AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON HE JOS STIE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN THORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Indeer penalty to portury, I deplare that I have read the foregoing notice of commencement and that the facts stated in it are use to the best of marketing the properties of the party of the party. I be party of which is a party of the party of whom instrument was executed Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact OR Produced OR Produced ID Notary Public State of Florida Print, type, or stamp name of Notary Public | 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunle Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUES, AND CAR RESULT IN YOUR AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON HE JOS SITE BEFORE THE FIRST INSPECTION. IF YOU INTENDE TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Indeed penalty for poptly J. Jedestry that I have read the foregoing notice of commencement and that the facts stated in it are use to the best of pay the object of the part of the popular J. deplacation that the facts stated in it are use to the best of pay the object of the payment of Notary Public - State of Florida Print, type, or stamp name of Notary Public | Address: | Amount of Bond \$ |
| 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-463 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte Telephone Number: (407)560-532 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Expiration date of notice of commencement (the expiration date and 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) ARRIVER TIME FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TITORNEY BEFORE COMMENCEMENT TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT INTORNEY BEFORE COMMENCEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT INTORNEY BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN INTORNEY BEFORE COMMENCEMENT. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Type of authority, e.g., officer, trustee, attorney in fact Authorized Officer/Director/Partner/Manager Type of authority, e.g., officer, trustee, attorney in fact OR Produced ID OR Produced ID Notary Public State of Florida Print, type, or stamp name of Notary Public Find ID Produced Notary Public State of Florida Frint, type, or stamp name of Notary Public | 6. Lender | mandania |
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| In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Brad Lunte | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-463 |
| Section 713.13(1)(b), Florida Statues. Name: Brad Lunte | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830 | 0-1000 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 D. 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) Apr 29, 2016 VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR AFMENT TWO FOR POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN INTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Index penalty fo porjury, I deetant that I have read the foregoing notice of commencement and that the facts stated in it are rue to the best of my thirdwidedge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Type of authority, e.g., officer, trustee, attorney in fact OR Produced ID OR Produced ID Notary Public State of Florida My Commission EE 220221 | | following to receive a copy of the Lienor's Notice as provided by |
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| Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public Produced ID OR Produced ID | | Signatory's Printed Name/Title/Office |
| Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public Produced ID OR Produced ID | • | 14" A. 201 3 |
| Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Notary Public State of Florida Kelty L Nobles My Commission EE 220221 | he foregoing instrument was acknowledged before me this | day of Diccol, by DYACLACK |
| Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Notary Public State of Florida Kelty L Nobles My Commission EE 220221 | | |
| Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Notary Public State of Florida Kelty L Nobles My Commission EE 220221 | Authorized Signatory | Walt Disney World Resort |
| Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public Print, type, or stamp name of Notary Public Notary Public State of Florida Kelty L Nobles My Commission EE 220221 | · · · · · · · · · · · · · · · · · · · | |
| ersonally known OR Produced ID //Pe of ID Produced My Commission EE 220221 | Type of demostry, englishment, mades, and make the | Traine of party on behalf of whom instantent was executed |
| ersonally known OR Produced ID //Pe of ID Produced My Commission EE 220221 | | |
| ype of ID Produced Notary Public State of Fiorida Welly L Nobles Wy Commission EE 220221 | Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
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| rpe of ID Produced Kelty L Nobles My Commission EE 220221 | Personally known | Notary Public State of Finding |
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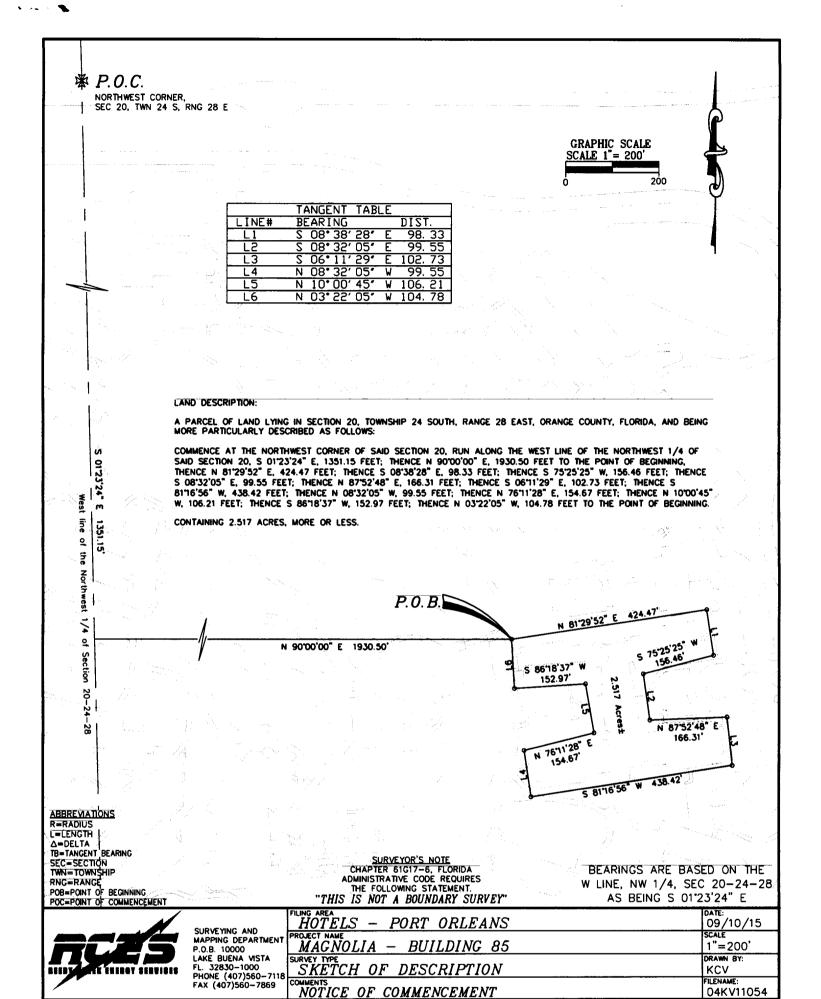
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jon Ruth P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150648031 B: 11028 P: 1008 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



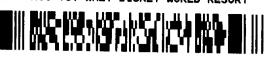
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| ٦. | Description of property | (legal description of the property, & street address if available) | |
|------------|---|---|--------|
| _ | See Attached | | |
| 2. | General description of improvement | | |
| | Roofing | | |
| 3. | Owner information of Lessee information if the Lessee co | ontracted for the improvement | |
| | Name: Walt Disney World Resort | | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | | |
| | Interest in Property: Owner | | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) | |
| | Name: | | |
| | Address: | | |
| 4. | Contractor | | |
| | Name: Atlas Apex Roofing LLC | Telephone Number: 407-859-3797 | |
| _ | Address: 281 NE 32nd St, Oakland Park, FL 33334 | | |
| 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. | | upon whom notices or other documents may be served as | |
| | provided by Section 713.13(1)(b), Florida Statues. Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830- | | |
| | | ollowing to receive a copy of the Lienor's Notice as provided by | |
| 8. | Section 713.13(1)(b), Florida Statues. | billowing to receive a copy of the Lienor's Notice as provided by | |
| | Name: Jon Ruth | Telephone Number: (407)828-3159 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830- | -1000 | |
| 9. | Expiration date of notice of commencement | | |
| | (the expiration date may not be before the completion of cons | struction and final payment to the contractor, but will be 1 year from | |
| | the date of recording unless a different date is specified) | | |
| | Sen | 23, 2016 | |
| w | | FTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE | |
| CC | DNSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR | T I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON | |
| TH | IE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND T | O OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN | |
| | TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR | | |
| | ider penalty to perjury, I declare that I have read the foreg se to the best of my knowledge and belief. | joing notice of commencement and that the facts stated in it are | |
| 1 | V W 00 | \ X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| > | | Signatory's Printed Name/Title/Office | Nanagy |
| | Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |) |
| T L | - formula in the way of the collection of the formula this | 10 day of 12/2015 by JK Marshell | |
| 111) | e foregoing instrument was acknowledged before me this | month/year | |
| | | | |
| as | Authorized Signatory | for Walt Disney World Resort | |
| ح | Type of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrument was executed | |
| | Honni (X Chica) | | |
| _ | Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public | |
| | Signature of Notary Public - State of Plottura | Finit, type, or stamp halfie of typial Fibile | |
| _ | rsonally known X OR Produced ID | Notary Public State of Florida | |
| Pе | rsonally known X OR Produced ID | Bonnie L Craig My-Commission FF 112965 | |
| Τv | pe of ID Produced | Expires 04/22/2018 | |
| - 9 | | 2~~~~~~~~ | |



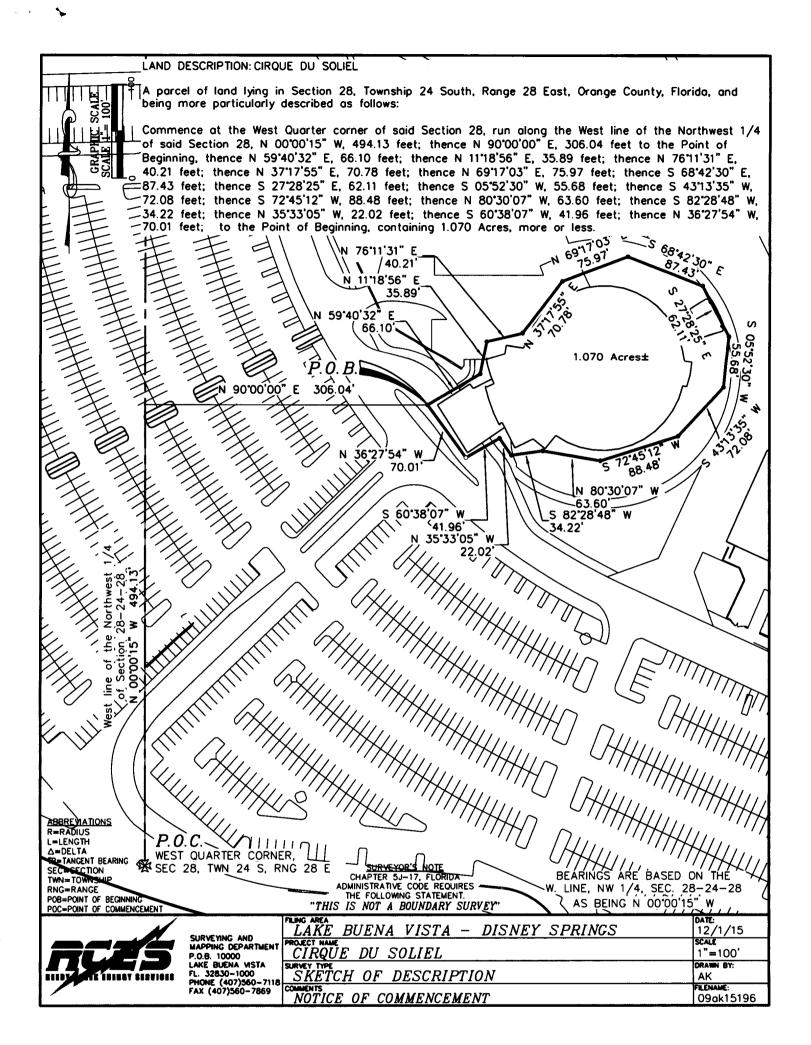
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Anne Buchele P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOCH 20150648032 B: 11028 P: 1010 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. | Description of property | (legal description of the property, & street address if available) | |
|-----|--|---|----|
| | See Attached | | |
| 2. | General description of improvement | | |
| | Roofing | | |
| 3. | Owner information of Lessee information if the Lessee | contracted for the improvement | |
| | Name: Walt Disney World Resort | | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | | |
| | Interest in Property: Owner | | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) | |
| | Name: | | |
| | Address: | | |
| 4. | Contractor | | |
| | Name: S&S Tile Roofing Company | Telephone Number: (407) 696-4334 | |
| | Address: 2949 State Road 434, West, Longwood, FL 3277 | 779 | |
| 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: | | |
| | | ner upon whom notices or other documents may be served as | |
| 7. | provided by Section 713.13(1)(b), Florida Statues. | of upon whom notices of other documents may be served as | |
| | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830 | 30-1000 | |
| | In addition to himself or herself. Owner designates the | following to receive a copy of the Lienor's Notice as provided by | |
| 0. | Section 713.13(1)(b), Florida Statues. | - ' | |
| | Name: Anne Buchele | Telephone Number: 407-828-2165 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830 | 30-1000 | |
| 9. | Expiration date of notice of commencement | | |
| | (the expiration date may not be before the completion of col | onstruction and final payment to the contractor, but will be 1 year from | |
| | the date of recording unless a different date is specified) | | |
| | Jur | un 17, 2016 | |
| w | | AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE | |
| CC | INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAI | ART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR | |
| | | A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON D TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN | |
| | TORNEY BEFORE COMMENCING WORK OR RECORDING YOU | | |
| | ider penalty fo perjury, I declare that I have read the fore ie to the best of my knowledge and belief. | egoing notice of commencement and that the facts stated in it are | |
| | > × w OO | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| _ | J-1111-12 | James K. Marshall Manager, FAM | rı |
| | Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office | |
| | • | 14 day of 12/2015 by 1/K Marshall | |
| The | e foregoing instrument was acknowledged before me this | 14 day of 12/2015, by JK Marshall | |
| | | | |
| | Authorized Circoton | Walt Dianay World Danat | |
| as | Authorized Signatory | for Walt Disney World Resort | |
| 1 | Type of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrument was executed | |
| €. | Donnie / Clay | | |
| 7 | Signature of Notary Public - State of Plorida | Pringht property and the Pringht property and | |
| | , | Explines O4/22/2018 | |
| Pe | rsonally known X OR Produced ID | Sect 11 3000 W Section 12965 | |
| . • | <u> </u> | abinof to shall claim of Plants | |
| Ту | pe of ID Produced | ************************************** | |



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

DOC# 20150648033 B: 11028 P: 1012 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

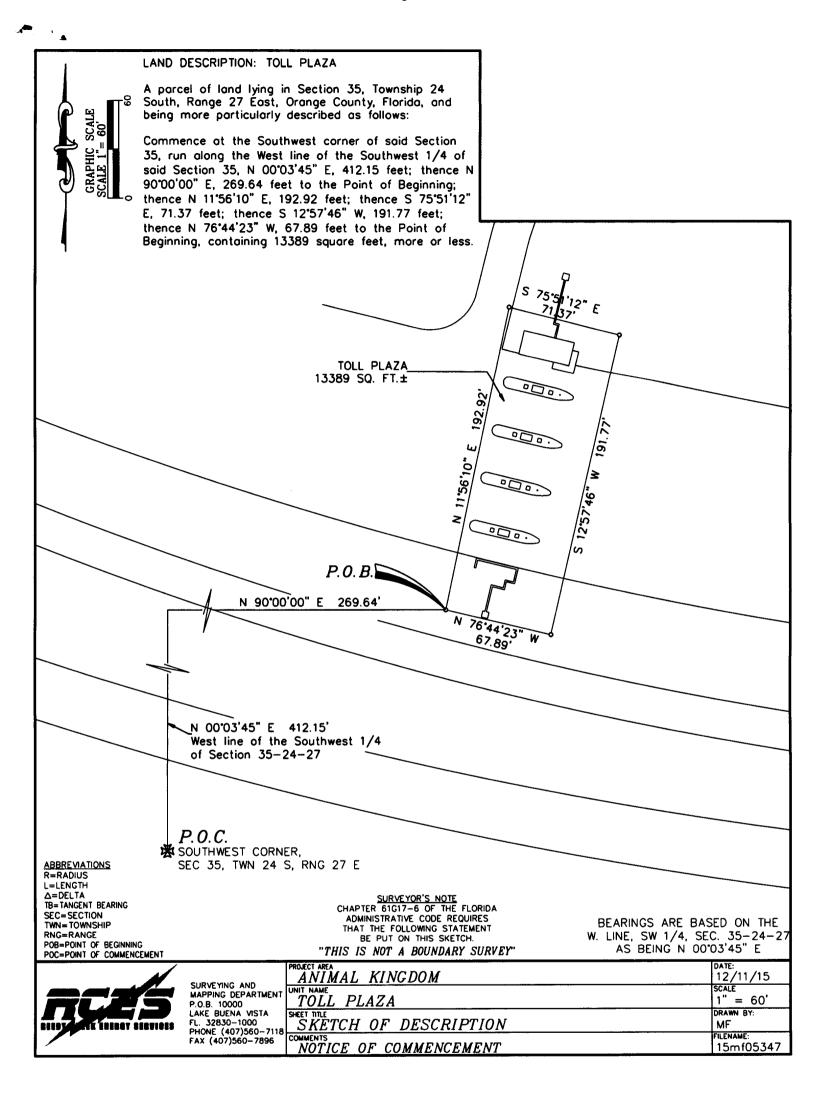


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

1. Description of property

| 1. | Description of property | (legal description of the property, & street address if available) |
|---------|---|---|
| | See Attached | |
| 2. | General description of improvement | |
| | Roofing | |
| 3. | Owner information of Lessee information if the Lessee cont | tracted for the improvement |
| | Name: Walt Disney World Resort | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property: Owner | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| | Address: | |
| 4. | Contractor | |
| | Name: Neth & Son Inc | Telephone Number: 407-855-9096 |
| | Address: 360 E Landstreet Rd, Orlando, FL 32824 | |
| 5. | Surety | (if applicable, a copy of the payment bond is attached) |
| | Name: | Telephone Number: |
| | Address: | Amount of Bond \$ |
| 6 | Lender | |
| J. | | Telephone Number: |
| | Name: | reseptione Nutriber. |
| | Address: | |
| 7. | Persons within the State of Florida designated by Owner up provided by Section 713.13(1)(b), Florida Statues. | on whom notices or other documents may be served as |
| | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-100 | |
| | Section 713.13(1)(b), Florida Statues. Name: Jon Ruth Address: P.O. Rev 10000 Lake Russa Vista Florida 22830 100 | Telephone Number: (407)828-3159 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-100 | 00 |
| 9. | Expiration date of notice of commencement | |
| | (the expiration date may not be before the completion of constru the date of recording unless a different date is specified) | iction and final payment to the contractor, but will be 1 year from |
| | the date of recording unless a uniform date to specifical | |
| | Apr 8, : | 2016 |
| | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE | |
| PA | NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, YMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOT | FICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON |
| | E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO C TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NO | |
| | | ng notice of commencement and that the facts stated in it are |
| | e to the best of my knowledge and belief. | |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | James K. Marchell Manager, FA |
| | Signature of Owner or Lessee, or Owner's or Lessee's | Signatory's Printed Name/Title/Office |
| | Authorized Officer/Director/Partner/Manager | |
| The | e foregoing instrument was acknowledged before me this | day of 12/2015, by JK Marsha !! |
| | | |
| 20 | Authorized Signatory f | for Walt Disney World Resort |
| as — | Type of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrument was executed |
| | Rose | |
| _ | sonne Clack | |
| | Signature of Notary Public - State of Florida | grain months of Noten Publicans |
| | V | Notary Public State of Florida |
| Pe | rsonally known X OR Produced ID | My Commission FF 112965 |
| | | Expires 04/22/2018 |
| Тур | pe of ID Produced | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |



Prepared by/record and return to:

Walt Disney World Resort Attn: Andrew Highsmith P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150648034 B: 11028 P: 1014
12/15/2015 12:49:58 PM Page 1 of 2
Rec Fee: \$18.50
Martha 0. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT

| Permit No | Tax Folio No |
|-----------|------------------|

NOTICE OF COMMENCEMENT

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 713, Florida Statutes, the following information is provided in this **notice** of commencement.

- 1. Description of property: See Attached
- 2. General description of improvements: Mechanical
- 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): Fastec/517 13th St, Saint Cloud, FL 34769
 - (b) Contractor's phone number: 386-878-9050
- 5. Surety:

8.

- (a) Name and address:
- (b) Phone number:
- (c) Amount of Bond:
- 6. (a) Lender (name and address):
 - (b) Lender's phone number:
- (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section <u>713.13</u> (1)(a)7., Florida Statues: (name and address):
 Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
 - (b) Phone numbers of designated persons: (407) 828-3582
- (a) In addition to himself or herself, Owner designates Andrew Highsmith of Disney Hollywoes 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):

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

(Type of authority, e.g., officer, trustee, attorney-in-fact)

Signature of Notary Pytolic - State of Florida

Personally Known

OR Produced ID

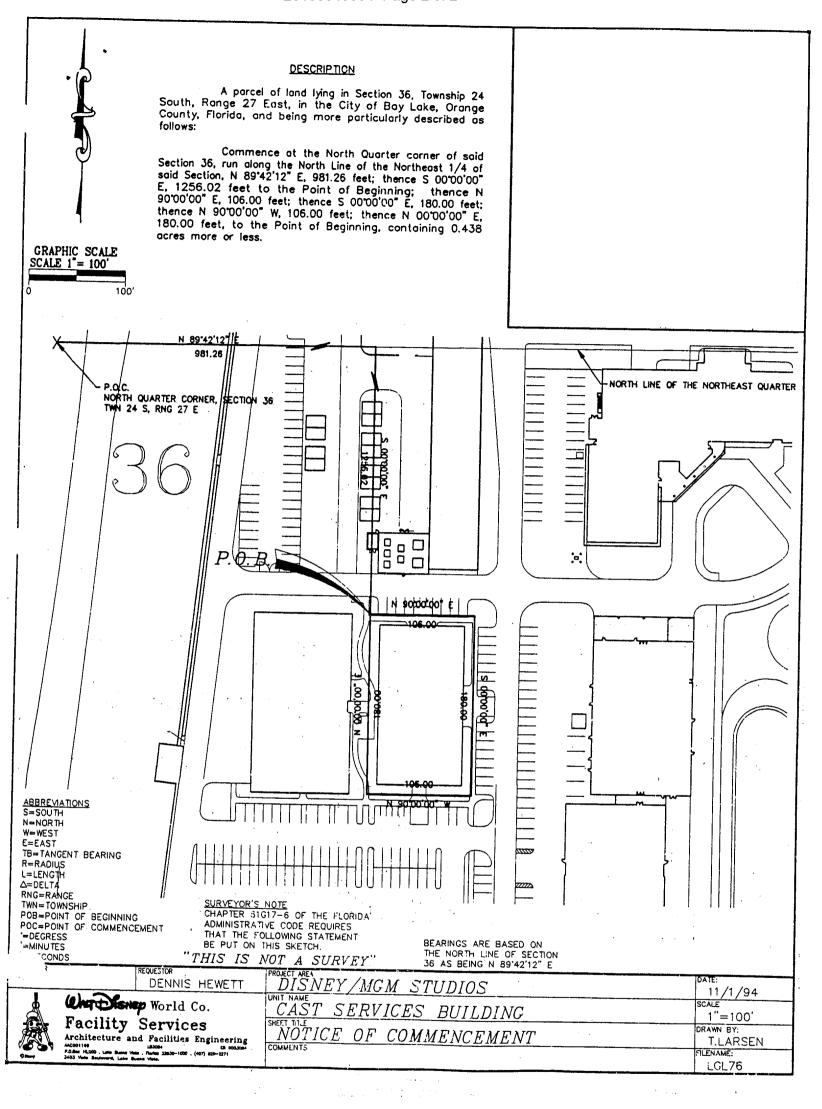
Type of ID Produced

(name of party on behalf of whom instrument was executed)



Verification pursuant to Section 92.525 ,Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_ Signature of Natural Person Signing Above



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

Attn: Michael Draggich

P.O. Box 10000

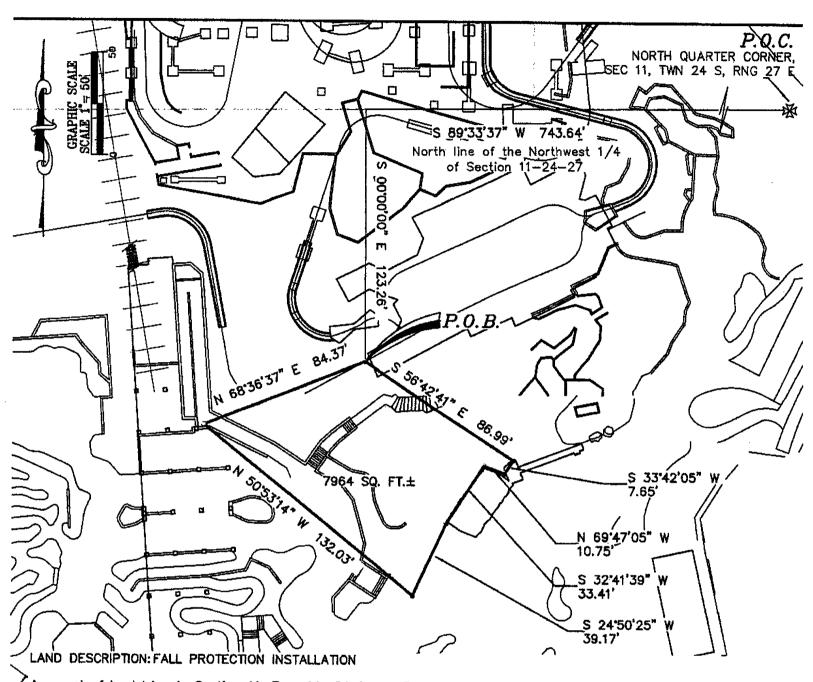
Lake Buena Vista, FL 32830-1000

DOCH 20150648035 B: 11028 P: 1016 12/15/2015 12:49:58 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 | |
|--|------|
| The undersigned hereby gives notice that improvement will be | 2.54 |

| The undersigned hereby gives notice that improvement will be Florida Statues, the following information is provided in this No. | e made to certain real property, and in accordance with Chapter 713, |
|--|--|
| 1. Description of property See A HACK | |
| 2. General description of improvement | |
| Installation of railings | |
| 3. Owner Information of Lessee information if the Lessee | contracted for the improvement |
| Name: Walt Disney World Resort | |
| Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property: Owner | |
| Name & address of fee simple titleholder Name: | (if different from Owner listed above) |
| Address: | |
| 4. Contractor | |
| Name: CEC General Contractors Inc | Tolophone Number 407 000 0477 |
| Address: PO Box 22621, Lake Buena Vista, FL 32830 | Telephone Number: 407-938-0177 |
| 5. Surety | (if applicable a convert the respect to a discussion to |
| Name: | (if applicable, a copy of the payment bond is attached) |
| Address: | Telephone Number: |
| Address: 6. Lender | Amount of Bond \$ |
| | · |
| Name: | Telephone Number: |
| Address: | |
| Persons within the State of Florida designated by Owne provided by Section 713.13(1)(b), Florida Statues. Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830 | |
| | following to receive a copy of the Lienor's Notice as provided by |
| Name: Michael Draggich | Telephone Number: 407-824-6693 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830 | 0-1000 |
| Expiration date of notice of commencement (the expiration date may not be before the completion of corthe date of recording unless a different date is specified) | nstruction and final payment to the contractor, but will be 1 year from |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER A CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAF PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, A THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOU | AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE RT I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN JR NOTICE OF COMMENCEMENT. In segoing notice of commencement and that the facts stated in it are |
| My del Dagge | Min 12 / 10/1 / CAN |
| Signature of Owner or Lessee of Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Michael Dreggich Sr Plennor FAM Signatory's Phinted Name/Title/Office |
| The foregoing instrument was acknowledged before me this | 11th day of Dec 2016 by Michael Droggi |
| 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 |
| Personally knownOR Produced ID | Notary Public State of Florida Kelly L. Nobles |
| June of ID Broduced | My Commission EE 220221 Exores 07/29/2016 |



A parcel of land lying in Section 11, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the North Quarter corner of said Section 11, run along the North line of the Northwest 1/4 of said Section 11, S 89°33'37" W. 743.64 feet; thence S 00°00'00" E. 123.26 feet to the Point of Beginning, thence S 56°42'41" E. 86.99 feet; thence S 33°42'05" W. 7.65 feet; thence N 69°47'05" W. 10.75 feet; thence S 32°41'39" W. 33.41 feet; thence S 24°50'25" W. 39.17 feet; thence N 50°53'14" W. 132.03 feet; thence N 68°36'37" E. 84.37 feet; to the Point of Beginning, containing 7964 square feet, more or less.

ABBREVIATIONS
R=RADIUS
L=LENGTH

A=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
TOC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 5J-17, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
N. LINE, NW 1/4, SEC. 11-24-27
AS BEING S 89'33'37" W



SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7269

| MAGIC KINGDOM - FRONTIERLAND | 12/10/15 |
|------------------------------|------------------------|
| FALL PROTECTION INSTALLATION | SCALE 1"=50' |
| SKETCH OF DESCRIPTION | DRAWN BY: AK |
| NOTICE OF COMMENCEMENT | FILENAME: 02ak15100 |

Prepared by/record and return to:

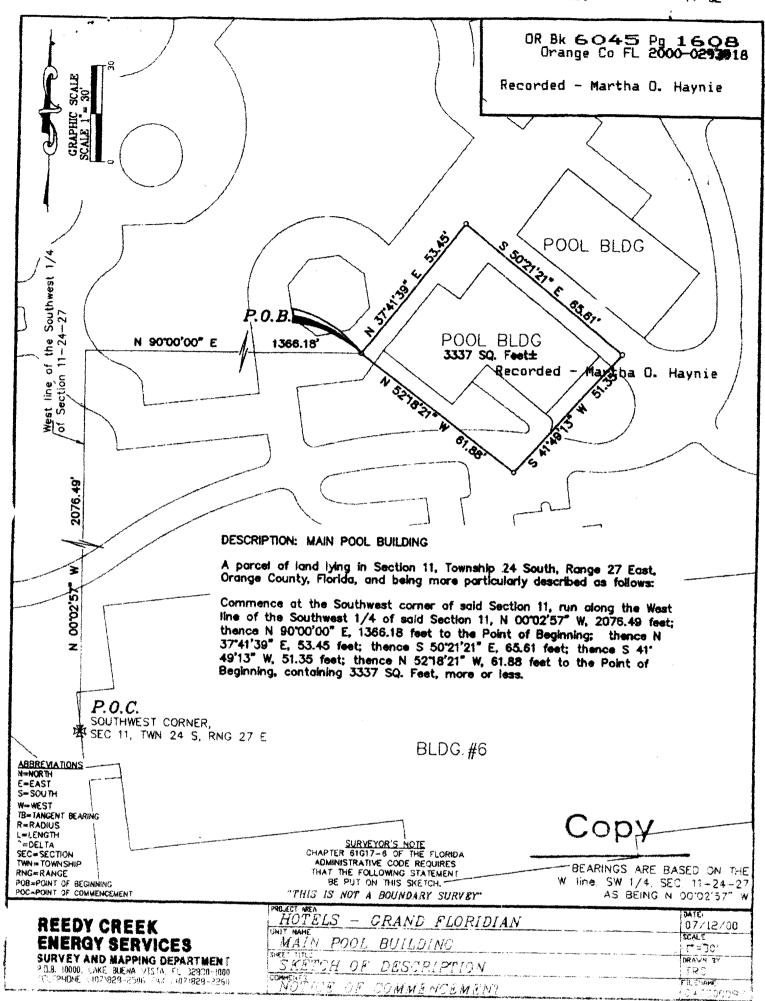
Walt Disney World Resort Attn: Dennis Askins P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150648036 B: 11028 P: 1018
12/15/2015 12:49:58 PM Page 1 of 2
Rec Fee: \$18.50
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT

| | | Permit No Tax Folio No |
|--|---|---|
| | | NOTICE OF COMMENCEMENT |
| Sta | te of F | lorida, County of Orange |
| 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. | Des | scription of property: See Attached |
| 2. | Gen | neral description of improvements: Plumbing |
| 3. | Owr | ner 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): Falcon of the Nile Water Solutions, LLC ,16877 E. Colonial Drive #327 |
| | (p) | Contractor's phone number: (407) 857-1750 |
| 5 . | Sure | · |
| | (a) (b) | Name and address: Phone number: |
| | (c) | Amount of Bond: |
| 6. | (a) (b) | Lender (name and address): Lender's phone number: |
| 7. | (a) (b) | Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section <u>713.13</u> (1)(a)7., Florida Statues: (name and address): Dave Ellis , Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 Phone numbers of designated persons: (407) 828-3582 |
| | • • | |
| | (a) (b) | In addition to himself or herself, Owner designates Dennis Askins of WDW to receive a copy of the Lienor's Notice as provided in Section <u>713.13</u> (1)(b), Florida Statutes.DavDa Phone number of person or entity designated by owner: 407-824-1845 |
| 9. | | iration date of notice of commencement (the expiration date is 1 year from the date of recording ss a different date is specified): 12/8/2016 |
| OF C SEC [*] MPF POS [*] | OMME TION <u>7</u> ROVEN TED O SULT | TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE ENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 13.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND IN THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING TICE OF COMMENCEMENT. |
| | | Signature of Owner Signatory's Printed Name/Title/Office |
| | | |
| | (or Own | ner's Authorized officer/Director/Partner/Manager) |
| YOU | • | • • • |
| YOU | • | ner's Authorized officer/Director/Partner/Manager) |
| YOU | pregoing | instrument was acknowledged before me this day of |
| YOU | (Type o | Authorized Signatory Authorized Officer/Director/Partner/Manager Authorized Signatory Authorized Signatory Walt Disney World Resort |

__ Signature of Natural Person Signing Above



Prepared by/record and return to:

Walt Disney World Resort Attn: Louis Gino Saravo P.O. Box 10000 Lake Buena Vista, FL 32830-1000

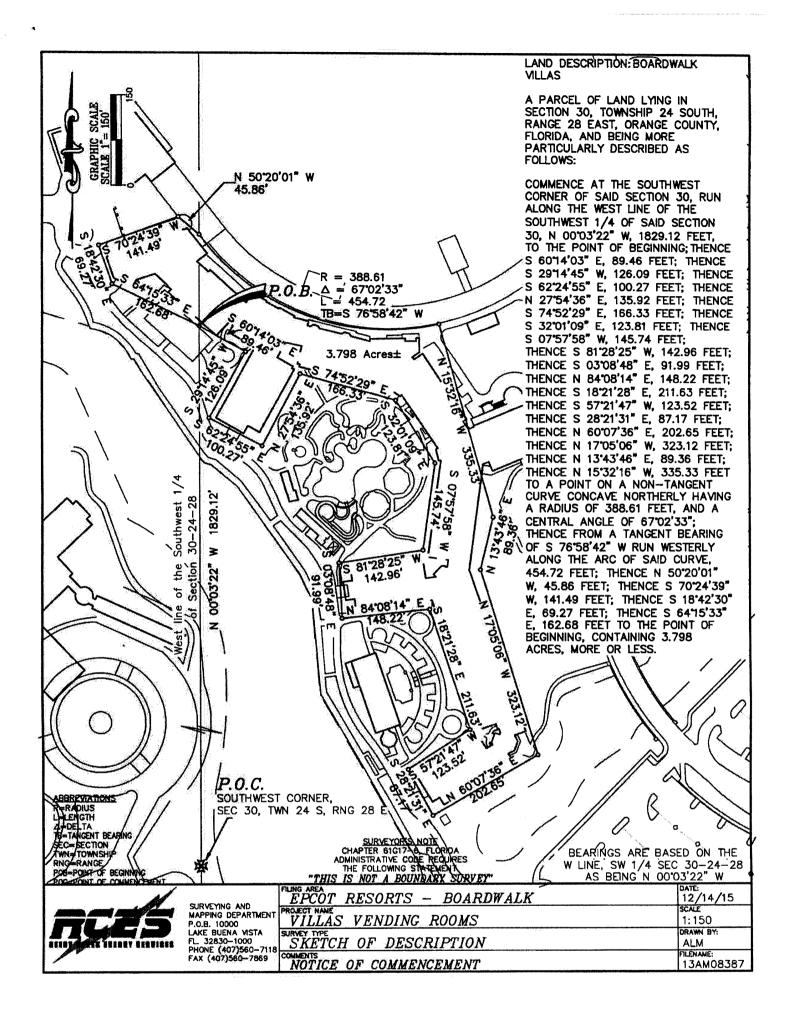
8.

DOC# 20150648037 B: 11028 P: 1020 12/15/2015 12:49:58 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



| | | Permit No Tax Folio No |
|-------------------------------------|---|--|
| | | NOTICE OF COMMENCEMENT |
| Sta | te of Flor | rida, County of |
| The with | e undersig n Chapter | igned hereby gives notice that improvements will be made to certain real property, and in accordance or 713, Florida Statutes, the following information is provided in this notice of commencement. |
| 1. | Descri | ription of property: see attached |
| 2. | Gener | ral description of improvements: plumbing |
| 3. | Owner | er Information: |
| | (a) 1 | Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830 |
| | (b) I | Interest in property: Owner |
| | (c) N | Name and address of fee simple titleholder (if other than Owner): |
| 4. | (a) (| Contractor (name and address): Falcon of the Nile water solutions LLC. 6421 Milner Blvd Orlando 32809 |
| | (b) (| Contractor's phone number: |
| 5. | Surety | |
| | • ' | Name and address: Phone number: |
| | | Amount of Bond: |
| 6. | (a) L | Lender (name and address): |
| | | Lender's phone number: |
| 7. | п | Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section <u>713.13</u> (1)(a)7., Florida Statues: (name and address): Dave Ellis , Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-100 |
| | (b) F | Phone numbers of designated persons: (407) 828-3582 |
| | (a) li | In addition to himself or herself, Owner designates |
| | t | to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavDa Phone number of person or entity designated by owner: |
| 9. | Expirat unless | ation date of notice of commencement (the expiration date is 1 year from the date of recording is a different date is specified): |
| OF C SEC' IMPR POS' CON | COMMEN TION <u>713</u> ROVEMEI TED ON ' SULT WI | O OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE NCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 3.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR ENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, ITTH YOUR LEADER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING CE OF COMMENCEMENT. |
| | | Tall |
| | | Signature of Owner Signatory's Printed Name/Title/Office |
| | (or Owner's | s Authorized officer/Director/Partner/Manager) |
| The fo | regoing ins | strument was acknowledged before me this // day of DECEMBER, 20 15, by Tony Perry, as |
| | (Type of all | Authorized Signatory Walt Disney World Resort |
| | (1) (1) | uthority; e.g., officer, trustee, attorney-in-fact) (name of party on behalf of whom instrument was executed) |
| | Signat | sture of Notary Public - State of Florida (Print, Type, or Stamp Company Colors of MANAGE ALSO TENMONTH) |
| | Personally | Motary Public - State of Florida |
| | Type of ID | D Produced Commission # EE 873892 Bonded Through Hatland Mutary As |
| | | and that the face stated in it are true to the best of my knowledge and belief. |

_ Signature of Natural Person Signing Above



| | DOC # 20150649538 B: 11028 P: 5016 12/16/2015 08:44 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 |
|---|---|
| Permit Number: | Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 |
| Folio/Parcel Identification Number: | Martha O. Haynie, Comptroller |
| Prepared by: Maria McCabe Buena Vista Construction Company | Orange County, FL |
| Duena visia constitución company | Ret To: SIMPLIFILE LC |
| Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | n'. |
| NOTICE OF COMME | Taio erreta |
| | ne 8 % New Son 8 8 8 Son 8 % 8 |
| 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 |
| Description of property (legal description of the property. | and street address if available) |
| and a second control of the control | on stock address it available) |
| 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 | |
| Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | |
| Interest in Property | |
| 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 attached | |
| Name | i elepnone Number |
| Address | Amount of Bond \$ |
| 6. Lender | Talanhana Mumhar |
| Name | relebitoue ismundet |
| Address 7. Persons within the State of Florida designated by Own | arunan whom notices ar other documents may |
| be served as provided by §713.13(1)(a)7, Florida Statu | |
| Name Dave Fills Mar Sourcing & Procurement | Telephone Number 407-828-3582 |
| Address P.O. Box 10000 Lake Buena Vista, FL 32830 | , 315p110116 186311501 |
| 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 |
| | |
| Name Colleen M Ladd. Construction Manager | Telephone Number 407-934-6070 |
| Address P.O. Box 10000 Lake Buena Vista, Florida 3283 | 3 |
| Notice as provided in §7.3.13(1)(b), Florida Statutes. Name Colleen M Ladd, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 3283(9. Expiration date of notice of commencement (the expira | ition date may not be before the completion of |
| construction and final payment to the contractor, but will be | |
| different date is specified) | |
| all of the date to open the day | •••••••••••••••••••••••••••••••••••••• |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PRO RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPI WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORLD | T I, SECTION 713.13, FLORIDA STATUTES, AND CAN PERTY. A NOTICE OF COMMENCEMENT MUST BE ECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| Under penalty of perfury, I declare that I have read the for | egoing notice of commencement and that the |

facts stated in it are true to the best of my knowledge and belief.

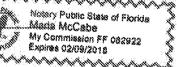
Signature of Owner or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 15 day of Dec 15 by Torn Troffer month/year name of person as Director for Buena Vista Construction Company

Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Maria McCabe
Signature of Notary Public – State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced In Type of ID Produced



Form Revised: September 26, 2011

| Permit Number: Folio/Parcel Identification Number: Prepared by: Maria McCabe Buena Vista Construction Company Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 | Martha O. Haynie, Comptroller Orange County, FL Ret To: SIMPLIFILE LC |
|--|--|
| | |
| NOTICE OF COMM | ENCEMENT |
| State of Florida, County of Orange The undersigned hereby gives notice that improvement will be with Chapter 713, Florida Statutes, the following information is 1. Description of property (legal description of the property, MK Pirates Island Bridge Guardrail, 4875 Caribbean Way 2. General description of improvement | provided in this Notice of Commencement. and street address if available) |
| Provide labor, material and/or electrical for construction | |
| 3. Owner information or Lessee information if the Lessee 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 | |
| | |
| Name | |
| Address 4. Contractor Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 | 6. 100 Control 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
| Surety (if applicable, a copy of the payment bond is attach | ied) |
| Name | Telephone Number |
| Address | Amount of Bond \$ |
| 6. Lender Name | Telephone Number |
| Address | nar cuan unbann nations ar athan dansmante mass |
| be served as provided by §713.13(1)(a)7, Florida Statu 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 th | A = = |
| 8. In addition to himself or herself, Owner designates th | e following to receive a copy of the Lienor's |
| Notice as provided in §713.13(1)(b), Florida Statutes. Name Shannon Newgent, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 3283 | Telephone Number 407-934-6070 |
| 9. Expiration date of notice of commencement (the expir | ation date may not be before the completion of |
| construction and final payment to the contractor, but will t different date is specified) | pe 1 year from the date of recording unless a |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAF RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY OF THE FIRST INSECUTION O | RT I, SECTION 713.13, FLORIDA STATUTES, AND CAN OPERTY, A NOTICE OF COMMENCEMENT MUST BE PECTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| Under penalty of perjury, I declare that I have read the for | regoing notice of commencement and that the |

Director Signature of Owcor of Lessee 'th' Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office The foregoing instrument was acknowledged before me this 15 day of Dec 15 by Tom Troffer month/year name of p as Director for Buena Vista Construction Company name of person

officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Maria McCabe

Print type or stamp commissioned name of Notary Public Signature of Notary Public - State of Florida

Personally Known X
Type of ID Produced____ OR Produced ID Notary Public State of Florida Maria McCabe My Commission FF 082922 Expires 02/09/2018

Form Revised: September 26, 2011

| Pe | rmit Number: At 15-0200 | |
|------------|---|---|
| | lio/Parcel ID #: | DOC# 20150649659 B: 11028 P: 5419 |
| Pre | epared by:enniter Stubbletield | 12/16/2015 09:07:35 AM Page 1 of 1 |
| | · | Rec Fee: \$10.00 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: SIEMENS INDUSTRY INC |
| | | Orange County, FL |
| Re | turn to: Siemens industry, inc | |
| | 22 Metric Drive Suite 100 | |
| | inter Park, Fi 32/92 | |
| | NOTICE OF COMMENCEM ate of Florida, County of Orange e undersigned hereby gives notice that improvement w | ENT |
| wit | h Chapter 713, Florida Statutes, the following information of property (legal description of the property) | on is provided in this Notice of Commencement. |
| ١. | Coronago Springs 1001 W. Buena Vista Drive Bay La | ake, FI 32830 |
| | General description of improvement Fire Alarm System Modification | |
| 3. | Owner information or Lessee information if the Les Name Wait Dishey World Address P.O. Box 10,000 | |
| | Address | |
| | Interest in Property Ovvner | erent from Owner listed above) |
| | Name | stellt from Owner listed above) |
| | Address | |
| 4. | Contractor | |
| | Name Siemens industry, inc Address 2700 Bonnet Creek Road lot P-3 Lake Buena | Telephone Number 407-938-0685 |
| | Address 2700 Boillet Creek Road lot P-3 Lake Buella | a vista, FL 32030 |
| 5. | Surety (if applicable, a copy of the payment bond is at | |
| | Name | Telephone Number |
| | Address | Amount of Bond \$ |
| 6. | Lender | |
| | Name | Telephone Number |
| | Address | |
| 7. | Persons within the State of Florida designated by | |
| | be served as provided by §713.13(1)(a)7, Florida S | |
| | Name | Telephone Number |
| | Address | |
| 8. | In addition to himself or herself, Owner designate | • |
| | Notice as provided in §713.13(1)(b), Florida Statut | |
| | Name | Telephone Number |
| | Address | |
| 9. | Expiration date of notice of commencement (the eunless a different date is specified) | expiration date will be 1 year from the date of recording |
| CO SULT | NG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER PASIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PRODED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR | RT I, SECTION 713.13, FLORIDA STATUTES, AND CAN DPERTY. A NOTICE OF COMMENCEMENT MUST BE PECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| 5 | | Alson Marior |
| atur | e of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Dir | rector/Partner/Manager Signatory's Title/Office |
| foi | regoing instrument was acknowledged before me this _ | day of Dec 2016 by NUY 601612 |
| | 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 1998 64 4 1999 GOOD TO PRINT 1998 64 1999 GOOD TO PRINT 1999 GOOD TO PRINT 1999 GOOD TO PRINT 1999 GOOD TO PRINT 1999 GOOD |
| D۰ | ersonally Known OR Produced ID | Print 1988 69-19 1990 SAMMED A STATE OF Notary Public |
| | pe of ID Produced | |

Form content revised: 01/22/14

| Permit Number: | <u> </u> |
|--|----------|
| Return to: Jennifer Prichard P.O. Box 10321 Lake Buena Vista, FL 32830 | <u> </u> |

DOC # 20150649901 B: 11028 P: 6112

12/16/2015 09:57 AM Page 1 of 1

Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller

Orange County, FL Ret To: CSC INC

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) 491 W. Savannah Circle 2. General description of improvement Rockwork and Plaster Install 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney Imagineering Address 1365 Avenue of the Stars, Lake Buena Vista, FL 32830 Interest in Property N/A Name and address of fee simple titleholder (if different from Owner listed above) Name N/A Address N/A 4. Contractor Name Buena Vista Construction Company 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 attached) Name N/A Telephone Number Address N/A Amount of Bond \$ Lender Name N/A Telephone Number Address N/A 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 Russell H. Stokes Telephone Number <u>407</u>-560-7697 Address P.O. Box 10321, 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 Bethany Dougherty - Contract Accounting Telephone Number 407-560-7858 Address P.O. Box 10321, Lake Buena Vista, FL 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) December 31, 2018 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 REFORE 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. I Certify that this Notice of Commencement has been filled for recording with Orange County. Dir. of S&P Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office The foregoing instrument was acknowledged before me this 125 day of 126by Russell H. Stokes month/year name of person as Director of Sourcing & Procurement for Design and Construction lame of party on behalf of whom instrument was executed Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public Personally Known _ ~ OR Produced ID

> CAROLYN MARY BELLING **NOTARY PUBLIC** STATE OF FLORIDA Comm# FF09983 Expires 7/5/24-44

Form content revised: 10/17/12

Type of ID Produced

| | DOC # 20150650416 B: 11028 P: 7386 12/16/2015 10:56 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 |
|--|--|
| Permit Number: <u>2015-0028</u> | 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 | 10010. 3 2 122 23 |
| NOTICE OF COMME | NCEMENT |
| State of Florida, County of Orange | |
| The undersigned hereby gives notice that improvement will be n | |
| with Chapter 713, Florida Statutes, the following information is p | |
| 1. Description of property (legal description of the property, a | nd street address if available) |
| HS - JTA Planter Modification, Planter in front of Backlot Ex | press, across from JTA Stage JFHS6019 |
| General description of improvement Provide labor, material and/or electrical for construction | |
| Owner information or Lessee information if the Lessee c Name Walt Disney World Resort | |
| Name Wait 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 fr | |
| Name and address of fee simple titleholder (if different fr | om Owner listed above) |
| Name | |
| Address | |
| 4. Contractor | |
| Name Buena Vista Construction Company | 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 attached | 1) |
| Name | Telephone Number Amount of Bond \$ |
| Address | Amount of Bond \$ |
| 6. Lender | |
| Name | Telephone Number |
| Address | |
| Persons within the State of Florida designated by Owne be served as provided by §713.13(1)(a)7, Florida Statute | s. |
| 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 t | following to receive a copy of the Lienor's |
| Notice as provided in §713.13(1)(b), Florida Statutes. | |
| Name Doug Scharfenberg, Construction Manager | Telephone Number 407-934-6070 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830 | |
| 9. Expiration date of notice of commencement (the expirati | |
| 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 TO ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART IN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTIVELY OF THE FORMER OF AN ATTORNEY BEFORE COMMENCING WORK OF THE PARTY OF THE PAR | I, SECTION 713.13, FLORIDA STATUTES, AND CAN ERTY. A NOTICE OF COMMENCEMENT MUST BE CTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT OR RECORDING YOUR NOTICE OF COMMENCEMENT. |
| Under penalty of periody, I decisive that I have read the foregracts stated in it are true to the best of my knowledge and be | elief. |
| | Director |
| Signature of Owner or Lessee, or Owner Sor Lessee's Authorized Officer/Direct | |

The foregoing instrument was acknowledged before me this 14 day of Dec 15 by Tom Troffer

as Director for Suena Vista Construction Company

Type of suinority, s.g., officer, trustee, attorney in fact

Type of suinority, s.g., officer, trustee, attorney in fact

Type of suinority, s.g., officer, trustee, attorney in fact

Signature of Notary Public - State of Florida

Personally Known X OR Produces IS

Type of ID Produced

Notary Public State of Florida
Maria McCabe

Military Public State of Florida
Maria McCabe

Express 02/08/2018

Form Re

Maria McCabe

Form Revised: September 26, 2011

Print, type, or stamp commissioned name of Notary Public

Permit Number:

Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Farrah Lane P.O. Box 10000

Lake Buena Vista, FL 32830-1000

Document Number: 20140496589

Book Number: /08/2

Page Number: 2930

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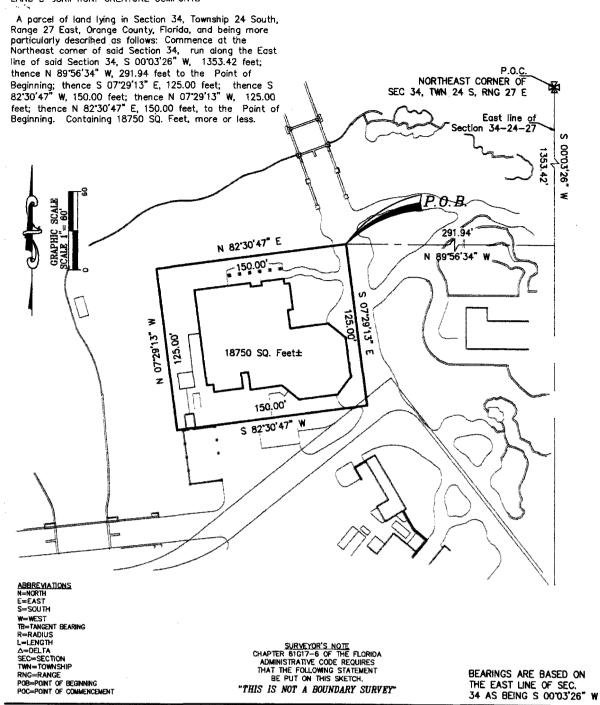
E: \$10.50 O. Haynie, Comptroller County, FL et To: WALT DISNEY WORLD CO

AMENDEMENT TO NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. | Description of property SEE ATTACHED | (legal description of the property, & street address if available) |
|---------------------------|---|--|
| 2. | General description of improvement | |
| | GENERAL CONSTRUCTION | |
| 3. | Owner information of Lessee information if the Lessee con | ntracted for the improvement |
| | Name: Walt Disney World Resort | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property: Owner | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| | Address: | |
| | Contractor | |
| | Name: WDW Facility Asset Management | Telephone Number: |
| | Address: 3403 E. Vista Blvd., 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: | |
| ٠. | Persons within the State of Florida designated by Owner uprovided by Section 713.13(1)(b), Florida Statues. | • |
| | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-10 | |
| | Section 713.13(1)(b), Florida Statues. | owing to receive a copy of the Lienor's Notice as provided by |
| | Name: Farrah Lane | Telephone Number: (407) 939-4599 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-10 | 000 |
| | Expiration date of notice of commencement (the expiration date may not be before the completion of constructed date of recording unless a different date is specified) | ruction and final payment to the contractor, but will be 1 year from |
| | Dec 17 | 7, 2016 |
| PAY THE ATTI Und | YMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOT 3 JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO CORNEY PEFORE COMMENCING WORK OR RECORDING YOUR NOT der penelty to perjury, I declare that I have read the foregoing to the does of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's | , SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR TICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN |
| Γhe | Authorized Officer/Director/Partner/Manager e foregoing instrument was acknowledged before me this | day of Dec. 2015, by TARRAH Lane |
| as. | Authorized Signatory | for Walt Disney World Resort |
| | ype 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 |
| ⊃er | sonally known X OR Produced ID | Notary Public State of Florida Bonnie L Craig |
| Гур | e of ID Produced | My Commission FF 112965 Expires 04/22/2018 |

LAND C SCRIPTION: CREATURE COMFORTS



nce's

SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7869

| | 2.110 5 50 55 20 11 |
|-----------------------------------|---------------------|
| ANIMAL KINGDOM - DISCOVERY ISLAND | 09/26/14 |
| PROJECT NAME CREATURE COMFORTS | 1"=60' |
| SURVEY TYPE SKETCH OF DESCRIPTION | DRAWN BY: |
| COMMENTS NOTICE OF COMMENCEMENT | FILENAME: |

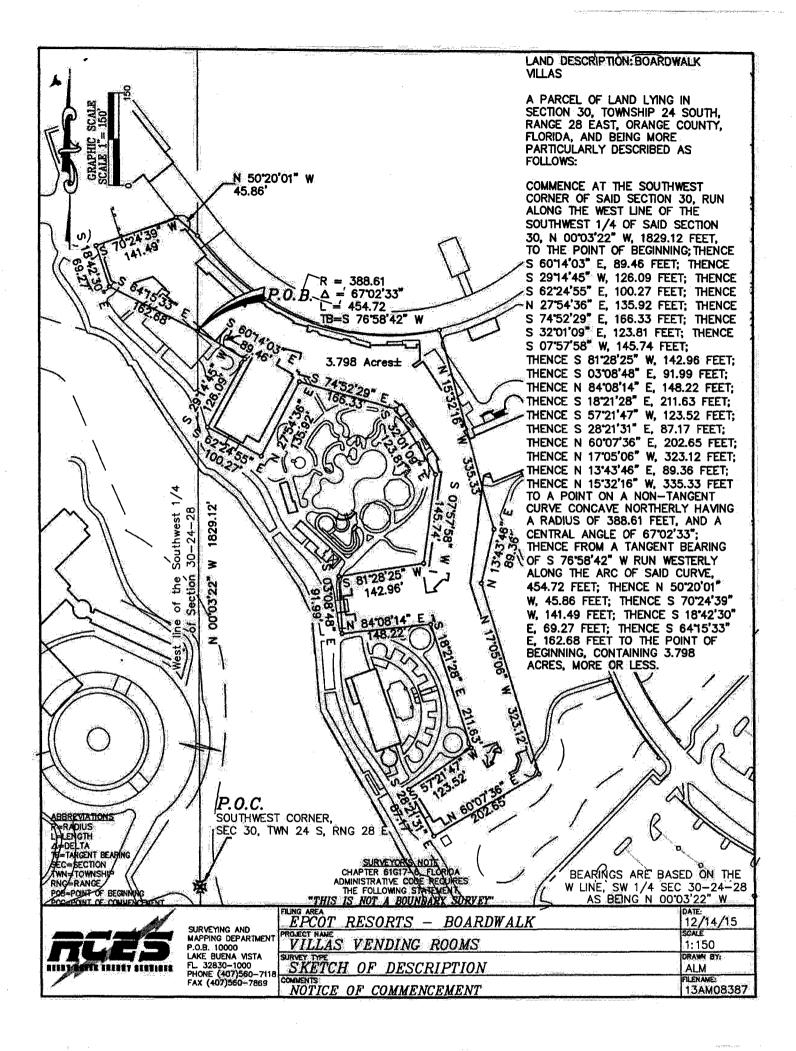
Prepared by/record and return to:

Walt Disney World Resort

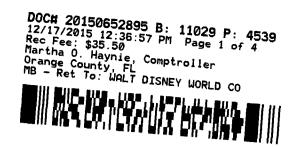
| DOC# 20150652894 B: 11029 P: 4537 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL |
|---|
| Orange County, FL MB - Ret To: WALT DISNEY WORLD CO |
| |
| 419_9(4919)2191833 美人和伊里里门门 |

| |). Box | ouis Gino Saravo ox 10000 uena Vista, FL 32830-1000 | |
|---------------------|--|--|--|
| | **** ******************************** | Permit No Tax Folio No | The second secon |
| | | NOTICE OF COMMENCEMENT | |
| Stat | e of FI | Florida, County of | |
| | | lersigned hereby gives notice that improvements will be made to certain real property apter 713, Florida Statutes, the following information is provided in this notice of comr | |
| 1 | Des | escription of property: see attached | |
| 2. | Gen | eneral description of improvements: Electrical | |
| 3. | Owr | wner Information: | |
| | (a) | | ta, FL 32830 |
| | (b) |) Interest in property: Owner | |
| | (c) | | |
| 4. | (a) | Contractor (name and address): Maddox Electrical Co inc DBA Ermco of Florida PO box 22164,Lake Buena Vista Fla 32830 | 10 |
| | (p) | Contractor's phone number: 407-934-8084 | . **** |
| 5 . | Sure | urety: | |
| | (a) | | |
| | (b) | | |
| | . , | | |
| 6. | (a) (b) | | |
| 7. | (a) (b) | may be served as provided by Section <u>713.13</u> (1)(a)7., Florida Statues: (name a Dave Ellis , Sourcing & Procurement Administration, P.O. Box 10000, Lake Buen | and address): |
| | | | |
| | (a) | to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), FI | of. Iorida Statutos DavDa |
| | (b) | Phone number of person or entity designated by owner: 407 - 934-123 | Statutes.Davba |
| 9. | | xpiration date of notice of commencement (the expiration date is 1 year from the date | e of recording |
| OF C | OMM | G TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 71 N 713.13 , FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FO | 3, PART I, |
| POST CON: YOU | COVENTED OF SULT R NOT | EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECONTRED TO YOUR THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN TWITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR OTICE OF COMMENCEMENT. Signature of Owner Owner's Authorized officer/Directo/(Partner/Manager) ing instrument was acknowledged before me this /// day of SECEN 120 15, by Jon Authorized Signatory Walt Disney World R (name of party on behalf of whom instrum Signature of Modern Public - State of Florida (Print, Type, or Stamp Commission) | CORDED AND AIN FINANCING, RECORDING /Title/Office /Y PERRY ,as Resort ment was executed) // Resort // Resort |
| POST CON: YOU | (or Own | EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECONTHE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN TWITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR OTICE OF COMMENCEMENT. Signature of Owner Owner's Authorized officer/Director Partner/Manager) ing instrument was acknowledged before me this // day of SECEN 170/20 15, by Town Authorized Signatory Walt Disney World Reconstruction of the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party on behalf of whom instrument was a strongly to the party of the party on behalf of whom instrument was a strongly to the party of the | CORDED AND AIN FINANCING, RECORDING /Title/Office /Y PERRY ,as Resort hent was executed) |

Signature of Natural Person Signing Above



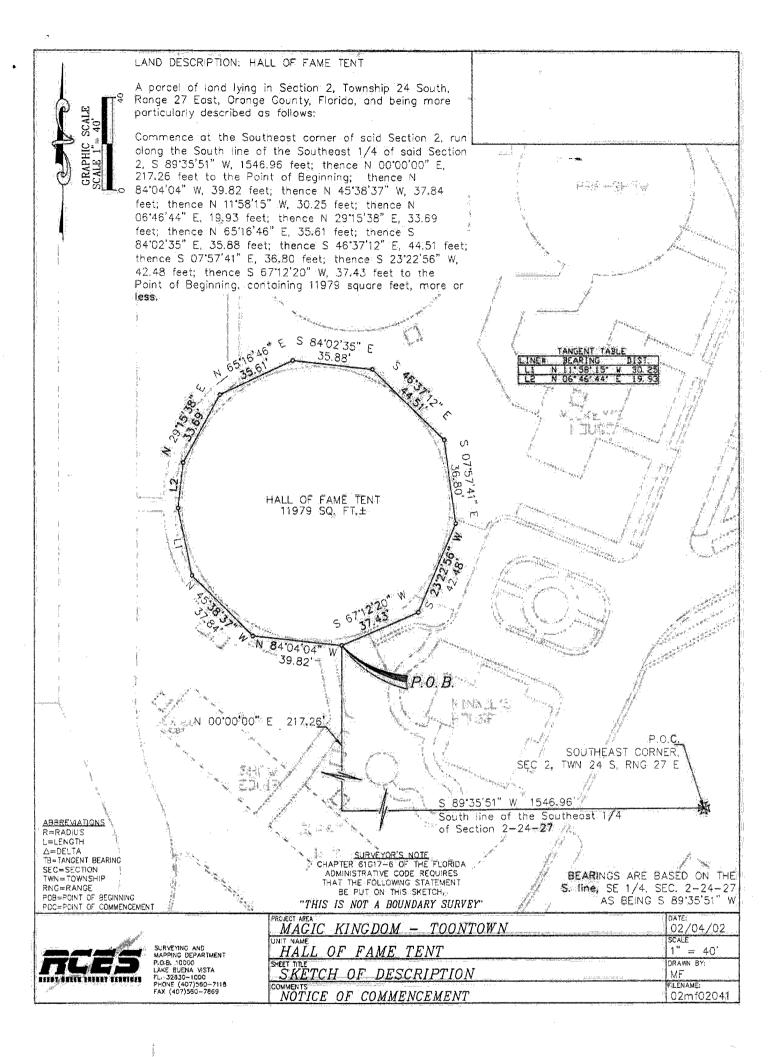
Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Tammy Gattin - Blaine
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

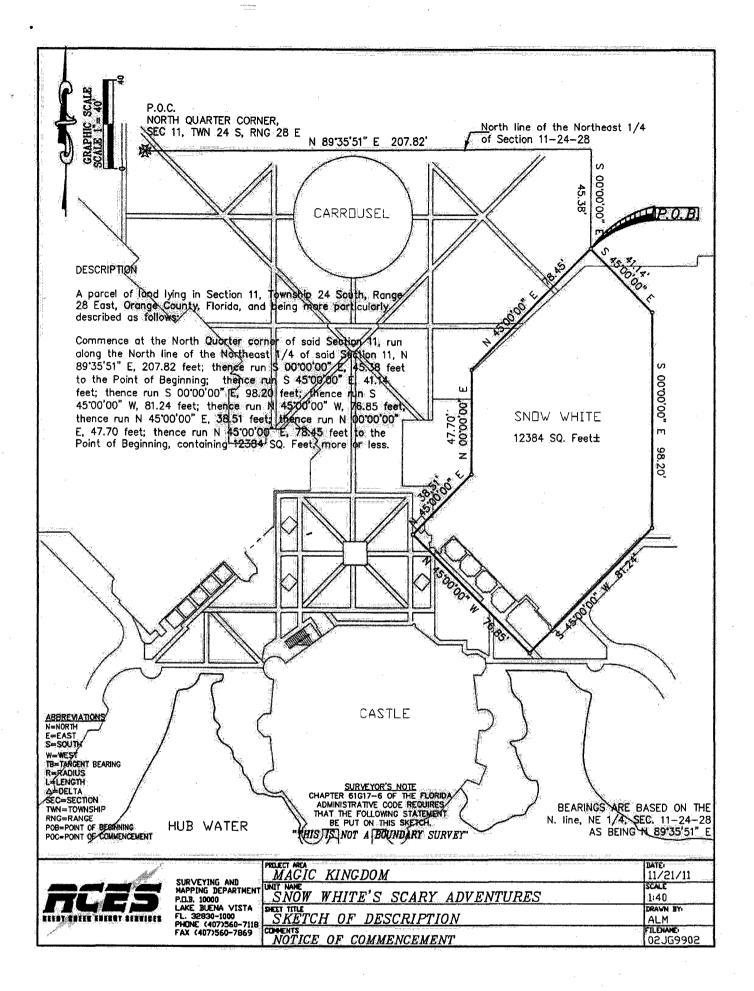


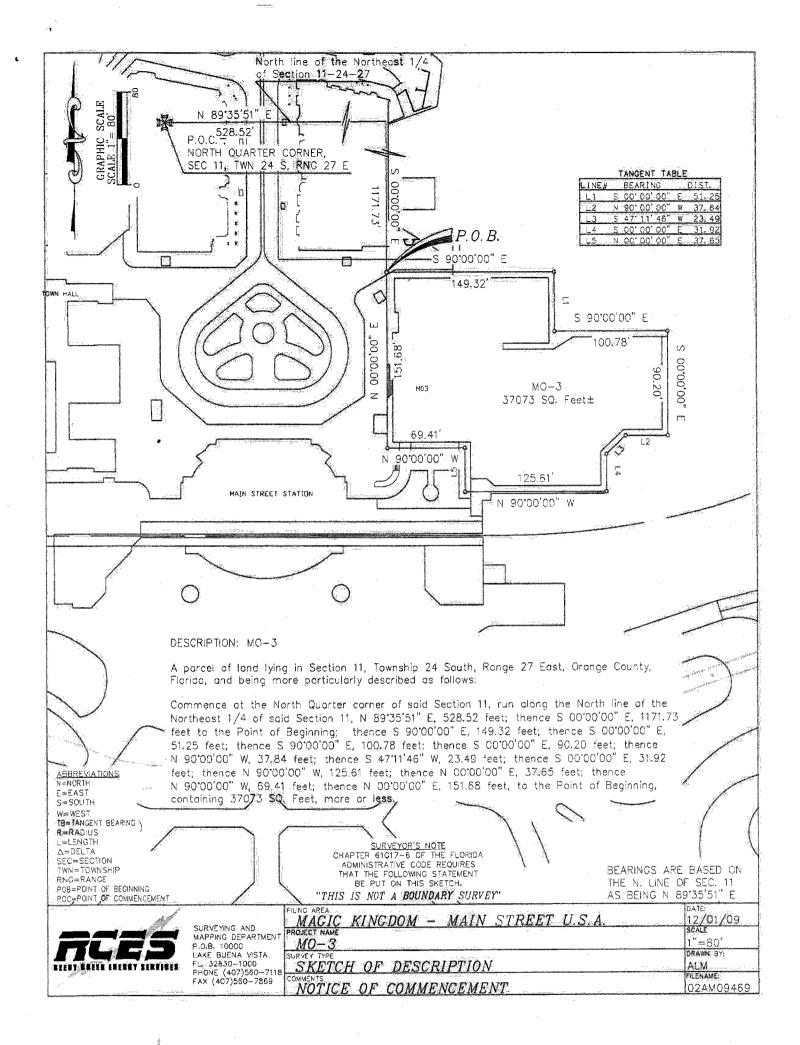
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. Description of property | (legal description of the property, & street address it available) |
|---|--|
| SEE ATTACHED LEGAL (1145664) | Marie Ma |
| 2. General description of improvement | |
| ELECTRICAL | |
| 3. Owner information of Lessee information if the Lessee co | ontracted for the improvement |
| Name: Walt Disney World Resort | |
| Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property: Owner | |
| Name & address of fee simple titleholder | (if different from Owner listed above |
| Name: | |
| Address: | The state of the s |
| 4. Contractor | |
| 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 \$ |
| 6. Lender | |
| Name: | Telephone Number: |
| Address: | |
| 7. 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 Statues. | |
| Name: Blaine Ramey, Facility Asset Management (FAI | Telephone Number: (407) 939-463 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830- | -1000 |
| Section 713.13(1)(b), Florida Statues. | ollowing to receive a copy of the Lienor's Notice as provided by |
| Name: Tammy Gatlin | Telephone Number: (407)828-516 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830- | -1000 |
| 9. Expiration date of notice of commencement | |
| (the expiration date may not be before the completion of con- | struction and final payment to the contractor, but will be 1 year from |
| the date of recording unless a different date is specified) | |
| | |
| CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A METHE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR Under penalty fo perjury, I declare that I have read the foregoing the commencing work. | FTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE IT I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN R NOTICE OF COMMENCEMENT. Going notice of commencement and that the facts stated in it are |
| true to the best of my knowledge and belief. | The Cody (Co Plants / FAM |
| Haltin | Tammy Gatlin / Sr. Planner / FAM |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| The foregoing instrument was acknowledged before me this | day of 12/2015, by Tammy Gatlin |
| | |
| Authorized Signatory | for Walt Disney World Resort |
| as Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact | for Name of party on behalf of whom instrument was executed |
| Type or patholy, org., officer, tractice, and the | |
| Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| Personally known X 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 ID #: Prepared by: Nicholas Frasca Associate Contract Administrator Return to: Nicholas Frasca WDI - 1365 Avenue of the Stars B.O. Poy 10331 Lete Pupp Vista FL 2033 | DOC # 20150653865 B: 11029 P: 6967 12/18/2015 07:11 AM Page 1 of 3 Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller Orange County, FL Ret To: CSC INC |
|--|--|
| P.O. Box 10321, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be m with Chapter 713, Florida Statutes, the following information is pr 1. Description of property (legal description of the property, an 801 Timberline Drive #C, Bay Lake, FL 32830 | ovided in this Notice of Commencement. |
| 2. General description of improvement | |
| Package #11 - Construction of Restroom Building | |
| Owner information or Lessee information if the Lessee co Name Walt Disney Imagineering Address P.O. Box 10321, Lake Buena Vista, FL 32830 Interest in Property Fee Simple | ontracted for the improvement |
| Name and address of fee simple titleholder (if different fro Name N/A Address N/A | m Owner listed above) |
| Contractor Name Ref. Attach.A for multiple IPD Agrmt. Parties Address N/A | Telephone Number N/A |
| Surety (if applicable, a copy of the payment bond is attached) Name Not Applicable Address N/.A | Telephone Number N/A |
| 6. Lender Name NONE | Amount of Bond \$ Not RequiredTelephone Number N/A |
| Address N/A 7. Persons within the State of Florida designated by Owner be served as provided by §713.13(1)(a)7, Florida Statutes Name Russell Stokes | upon whom notices or other documents may . Telephone Number 407-560-7858 |
| Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena | Vista FI 32830-0321 |
| In addition to himself or herself, Owner designates the foliotice as provided in §713.13(1)(b), Florida Statutes. Name Contract Accounting | Illowing to receive a copy of the Lienor's Telephone Number 407-560-7858 |
| Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena | Vista, FL 32830-0321 |
| 9. Expiration date of notice of commencement (the expiration | n date may not be before the completion of |
| construction and final payment to the contractor, but will be 1 different date is specified) August 31, 2018 | year from the date of recording unless a |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THI ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, S RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPER RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY REFORE COMMENCING WORK OF | SECTION 713.13, FLORIDA STATUTES, AND CAN RTY. A NOTICE OF COMMENCEMENT MUST BE ION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT R RECORDING YOUR NOTICE OF COMMENCEMENT. |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director | |
| | day of Dec. 2015 by John C. Blitch |
| as <u>Vice President</u> & General Manager for Wal | month/year name of person t Disney Imagineering |
| | me of party on behalf of whom instrument was executed |

Personally Known V
Type of ID Produced

Form content revised: 10/17/12

Type of authority, e.g., officer, trustee, attorney in fact

_OR Produced ID __

Multipartes L. Sout Signature of Notary Public – State of Florida

Notary Public State of Florida Milagros G Santiago My Commission FF 124809 Expires 06/30/2018

MILHGROS G. SANTINGO

Print, type, or stamp commissioned name of Notary Public

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| John C. Blitch | |
|--|---|
| Vice President & General Manager | |
| Walt Disney Parks and Resorts (US), Inc. | |
| dba Walt Disney Imagineering | |
| 1365 Avenue of the Stars | |
| Lake Buena Vista, FL 32830 | |
| | Vice President & General Manager Walt Disney Parks and Resorts (US), Inc. dba Walt Disney Imagineering 1365 Avenue of the Stars |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

| Construction Manager/General Contractor | Scott Lyons |
|---|---|
| DPR Construction, A General Partnership | Regional Manager |
| | DPR Construction, A General Partnership |
| | 4700 Millenia Blvd, Suite 350 |
| | Orlando, FL 32839 |
| Architect | Ron G. Smith |
| GSB, Inc. | President |
| | GSB, Inc. |
| | 3555 NW 58th St, Suite 700W |
| | Oklahoma City, OK 73112 |
| Interior Design Partner | Rosanna O. Ross |
| Design Group Carl Ross | Chief Operating Officer |
| • | Design Group Carl Ross |
| | 115 Main Street |
| | El Segundo, CA 90245 |
| Landscape Design Partner | David Perry |
| Perry Becker Design LLC | Perry Becker Design LLC |
| | 3660 Maguire Blvd. Suite 100 |
| | Orlando, FL 32803 |
| Civil Engineer Design Partner | Kathleen Leo |
| Atkins North America, Inc. | Vice President |
| | Atkins North America, Inc. |
| | 482 S. Kelly Road |
| | Orlando, FL 32810 |

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical- HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |

Permit Number: Folio/Parcel ID #: Prepared by: Nicholas Frasca Associate Contract Administrator Return to: Nicholas Frasca WDI - 1365 Avenue of the Stars P.O. Box 10321, Lake Buena Vista, FL 32830 DOC # 20150653868 B: 11029 P: 6972 12/18/2015 07:13 AM Page 1 of 3

Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller

Orange County, FL Ret To: CSC INC

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) 935 Timberline Drive, Bay Lake, FL 32830 General description of improvement Package #7 - Construction of Linen Staging Storage Building 3. Owner information or Lessee Information if the Lessee contracted for the improvement Name Walt Disney Imagineering Address P.O. Box 10321, Lake Buena Vista, FL 32830 Interest in Property Fee Simple Name and address of fee simple titleholder (if different from Owner listed above) Name N/A Address N/A 4. Contractor Name Ref. Attach.A for multiple IPD Agrmt. Parties Telephone Number N/A Address N/A 5. Surety (if applicable, a copy of the payment bond is attached) Name Not Applicable Telephone Number<u>N/A</u> Address N/.A Amount of Bond \$ Not Required 6. Lender Name NONE Telephone Number N/A Address N/A 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 Russell Stokes Telephone Number <u>407-560-78</u>58 Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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 Contract Accounting Telephone Number <u>4</u>07-560-7858 Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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) August 31, 2018 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 STEE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTEMPT OF COMMENCEMENT. J. GUTCH FOL VP & GM Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office Dec. 2015 by John C. Blitch The foregoing instrument was acknowledged before me this \underline{I} name of person for Walt Disney Imagineering as Vice President & GM Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed MILAGROS G. SANTIAGO Signature & Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

> Notary Public State of Florida Milagros G Santiago My Commission FF 124809 Expires 06/30/2018

Form content revised: 10/17/12

Personally Known Type of ID Produced OR Produced ID

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| Owner Walt Disney Parks and Resorts (US), Inc., d/b/a Walt Disney Imagineering | John C. Blitch Vice President & General Manager Walt Disney Parks and Resorts (US), Inc. dba Walt Disney Imagineering |
|--|---|
| | 1365 Avenue of the Stars Lake Buena Vista, FL 32830 |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

| Construction Manager/General Contractor DPR Construction, A General Partnership | Scott Lyons Regional Manager DPR Construction, A General Partnership 4700 Millenia Blvd, Suite 350 Orlando, FL 32839 |
|--|--|
| Architect GSB, Inc. | Ron G. Smith President GSB, Inc. 3555 NW 58th St, Suite 700W Oklahoma City, OK 73112 |
| Interior Design Partner Design Group Carl Ross | Rosanna O. Ross Chief Operating Officer Design Group Carl Ross 115 Main Street El Segundo, CA 90245 |
| Landscape Design Partner Perry Becker Design LLC | David Perry Perry Becker Design LLC 3660 Maguire Blvd. Suite 100 Orlando, FL 32803 |
| Civil Engineer Design Partner Atkins North America, Inc. | Kathleen Leo Vice President Atkins North America, Inc. 482 S. Kelly Road Orlando, FL 32810 |

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical- HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| - | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |

| Permit Number: Folio/Parcel ID #: Prepared by: Nicholas Frasca Associate Contract Administrator | DOC # 20150653872 B: 11029 P: 6982 12/18/2015 07:14 AM Page 1 of 3 Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller |
|---|--|
| Return to: Nicholas Frasca WDI - 1365 Avenue of the Stars P.O. Box 10321, Lake Buena Vista, FL 32830 | Orange County, FL Ret To: CSC INC |
| NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be m with Chapter 713, Florida Statutes, the following information is pr 1. Description of property (legal description of the property, an 699 Timberline Drive, Bay Lake, FL 32830 | ovided in this Notice of Commencement. |
| 2. General description of improvement | |
| Package #8 - Linen Staging Construction 3. Owner information or Lessee information if the Lessee con Name Walt Disney Imagineering Address P.O. Box 10321, Lake Buena Vista, FL 32830 Interest in Property Fee Simple Name and address of fee simple titleholder (if different from the simple titleholder) | |
| Name N/A | |
| Address N/A | |
| Contractor Name Ref. Attach.A for multiple IPD Agrmt. Parties Address N/A | Telephone Number N/A |
| Surety (if applicable, a copy of the payment bond is attached) Name Not Applicable Address N/.A | Telephone Number N/A |
| 6. Lender | Amount of Bond \$ Not Required |
| Name NONE Address N/A | Telephone Number <u>N/A</u> |
| 7. Persons within the State of Florida designated by Owner be served as provided by §713.13(1)(a)7, Florida Statutes | upon whom notices or other documents may |
| Name Russell Stokes Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena | Telephone Number 407-560-7858 |
| In addition to himself or herself, Owner designates the fo Notice as provided in §713.13(1)(b), Florida Statutes. | llowing to receive a copy of the Lienor's |
| Name Contract Accounting | Telephone Number <u>407-560-7858</u> |
| Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena 9. Expiration date of notice of commencement (the expiration | visia, FL 32030-U321 |
| construction and final payment to the contractor, but will be 1 different date is specified) August 31, 2018 | year from the date of recording unless a |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SRESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPER RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY PEFORE COMMENCING WORK OF | SECTION 713.13, FLORIDA STATUTES, AND CAN TY. A NOTICE OF COMMENCEMENT MUST BE ION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT RECORDING YOUR NOTICE OF COMMENCEMENT. |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director | |
| The foregoing instrument was acknowledged before me this 17 | day ofby John C. Blitch |
| as <u>Vice President & General Manager</u> for Wal | month/year name of person t Disney Imagineering |

Form content revised: 10/17/12

Personally Known ______
Type of ID Produced_

Type of authority, e.g. officer, trustee, attorney in fact

OR Produced ID ____

Mulagros A Aguliago
Signature Notary Public State of Florida

Notary Public State of Florida
Milagros G Santiago
My Commission FF 124809
Expires 08/30/2018

Name of party on behalf of whom instrument was executed

Print, type, or stamp commissioned name of Notary Public

6. SANTIAGO

MILAGROS

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| Owner | John C. Blitch |
|---|--|
| Walt Disney Parks and Resorts (US), Inc., | Vice President & General Manager |
| d/b/a Walt Disney Imagineering | Walt Disney Parks and Resorts (US), Inc. |
| | dba Walt Disney Imagineering |
| | 1365 Avenue of the Stars |
| | Lake Buena Vista, FL 32830 |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

| Construction Manager/General Contractor | Scott Lyons |
|---|---|
| DPR Construction, A General Partnership | Regional Manager |
| | DPR Construction, A General Partnership |
| | 4700 Millenia Blvd, Suite 350 |
| | Orlando, FL 32839 |
| Architect | Ron G. Smith |
| GSB, Inc. | President |
| , | GSB, Inc. |
| | 3555 NW 58th St, Suite 700W |
| | Oklahoma City, OK 73112 |
| Interior Design Partner | Rosanna O. Ross |
| Design Group Carl Ross | Chief Operating Officer |
| - | Design Group Carl Ross |
| | 115 Main Street |
| | El Segundo, CA 90245 |
| Landscape Design Partner | David Perry |
| Perry Becker Design LLC | Perry Becker Design LLC |
| | 3660 Maguire Blvd. Suite 100 |
| | Orlando, FL 32803 |
| Civil Engineer Design Partner | Kathleen Leo |
| Atkins North America, Inc. | Vice President |
| | Atkins North America, Inc. |
| | 482 S. Kelly Road |
| | Orlando, FL 32810 |

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical-HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |

Permit Number: Folio/Parcel ID #: Prepared by: Nicholas Frasca Associate Contract Administrator Return to: Nicholas Frasca WDI - 1365 Avenue of the Stars P.O. Box 10321, Lake Buena Vista, FL 32830 DOC # 20150653873 B: 11029 P: 6985 12/18/2015 07:14 AM Page 1 of 3

Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller

Orange County, FL Ret To: CSC INC

Notary Public State of Florida Milagros G Santiago My Commission FF 124801 Expires 06/30/2018

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.

NOTICE OF COMMENCEMENT State of Florida, County of Orange 1. Description of property (legal description of the property, and street address if available) 801 Timberline Drive #D, Bay Lake, FL 32830 2. General description of improvement Package #5 - Equipment Building 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney Imagineering Address P.O. Box 10321, Lake Buena Vista, FL 32830 Interest in Property Fee Simple Name and address of fee simple titleholder (if different from Owner listed above) Name N/A Address N/A 4. Contractor Name Ref. Attach. A for multiple IPD Agrmt. Parties Telephone Number N/A 5. Surety (if applicable, a copy of the payment bond is attached) Name Not Applicable Telephone Number N/A Address N/.A Amount of Bond \$ Not Required Lender Name NONE Telephone Number<u>N/A</u> Address N/A 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 Russell Stokes Telephone Number 407-560-7858 Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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<u>407-560</u>-7858 Name Contract Accounting Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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 August 31, 2018 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 ATTORNIES BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. FOR J. BUTCH VP & GM Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office Dec.ZOIS by John C. Blitch The foregoing instrument was acknowledged before me this /_/ day of month/year name of person as Vice President & General Manager for Walt Disney Imagineering Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed MILAGROS G. SAMTIAGO BOYNO Signature of Notary Public – State of Florida Print, type, or stamp commissioned name of Notary Public Personally Known _OR Produced ID _

Form content revised: 10/17/12

Type of ID Produced

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| Owner | John C. Blitch |
|---|--|
| Walt Disney Parks and Resorts (US), Inc., | Vice President & General Manager |
| d/b/a Walt Disney Imagineering | Walt Disney Parks and Resorts (US), Inc. |
| | dba Walt Disney Imagineering |
| | 1365 Avenue of the Stars |
| | Lake Buena Vista, FL 32830 |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

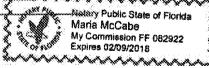
| Construction Manager/General Contractor | Scott Lyons |
|---|---|
| DPR Construction, A General Partnership | Regional Manager |
| • | DPR Construction, A General Partnership |
| | 4700 Millenia Blvd, Suite 350 |
| | Orlando, FL 32839 |
| Architect | Ron G. Smith |
| GSB, Inc. | President |
| | GSB, Inc. |
| | 3555 NW 58th St, Suite 700W |
| | Oklahoma City, OK 73112 |
| Interior Design Partner | Rosanna O. Ross |
| Design Group Carl Ross | Chief Operating Officer |
| | Design Group Carl Ross |
| | 115 Main Street |
| | El Segundo, CA 90245 |
| Landscape Design Partner | David Perry |
| Perry Becker Design LLC | Perry Becker Design LLC |
| | 3660 Maguire Blvd. Suite 100 |
| | Orlando, FL 32803 |
| Civil Engineer Design Partner | Kathleen Leo |
| Atkins North America, Inc. | Vice President |
| | Atkins North America, Inc. |
| | 482 S. Kelly Road |
| | Orlando, FL 32810 |

20150653873 Page 3 of 3

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical- HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| Shadial Control Table Bull | |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |

| | | DOC # 20150655276 B: 11030 P: 1733 12/18/2015 11:39 AM Page 1 of 1 Rec Fee: \$10.00 |
|--------------|---|--|
| _ | " N | Deed Doc Tax: \$0.00 |
| Pe | ermit Number: | Mortgage Doc Tax: \$0.00 |
| T C | olio/Parcel Identification Number:epared by: Maria McCabe | Intangible Tax: \$0.00 Martha O. Haynie, Comptroller |
| R | epared by: Maria McCabe uena Vista Construction Company | |
| | John Visia Constitution Company | Ret To: SIMPLIFILE LC |
| Re | eturn to: P.O. Box 10000, Lake Buena Vista, FL 32830 | ~~ ` |
| - Japan paga | | |
| | | |
| | NOTICE OF COMM | ENCEMENT |
| | ate of Florida, County of Orange | a made to cartain real property, and in accordance |
| | ne undersigned hereby gives notice that improvement will be th Chapter 713, Florida Statutes, the following information is | |
| | Description of property (legal description of the property | |
| • . | EC / Wonder Wall Demo, 1360 Ave of the stars JREC60 | 009 |
| 2. | General description of improvement | |
| | | |
| 3. | Provide labor, material and/or electrical for construction 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 | |
| | Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property Name and address of fee simple titleholder (if different | t from Quinor listed shows |
| | | |
| | Name Address | |
| 4. | Contractor | |
| • | | Telephone Number <u>407-934-6070</u> |
| | Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| 5. | Surety (if applicable, a copy of the payment bond is attach | ned) |
| | Name | Telephone Number |
| | Address | Amount of Bond \$ |
| 6. | Lender | |
| | Name | Telephone Number |
| 7 | Address Persons within the State of Florida designated by Ow | ner upon whom notices or other documents may |
| ۲. | be served as provided by §713.13(1)(a)7, Florida State | |
| | | |
| | Address P.O. Box 10000 Lake Buena Vista FL 32830 | |
| 8. | In addition to himself or herself, Owner designates th | e following to receive a copy of the Lienor's |
| | Notice as provided in §713.13(1)(b), Florida Statutes. | |
| | Name Justin Bucklew, Construction Manager | Telephone Number 407-934-6070 |
| _ | Address P.O. Box 10000, Lake Buena Vista, Florida 3283 | 30 |
| 9. | | ation date may not be before the completion of |
| | construction and final payment to the contractor, but will t | be if year from the date of recording unless a |
| | different date is specified) | ······································ |
| W | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER | R THE EXPIRATION OF THE NOTICE OF COMMENCEMENT |
| AR | RE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR | RT I, SECTION 713.13, FLORIDA STATUTES, AND CAN |
| RE | SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PRO CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSP | OPERTY. A NOTICE OF COMMENCEMENT MUST BE PECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| W | TH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR | K OR RECORDING YOUR NOTICE OF COMMENCEMENT. |
| | // // // // // // // // // // // // // | |
| Uı | nder penalty of perjury, / declars that I have read the fol | regoing notice of commencement and that the |
| fa | cts stated in it are true to the best of my knowledge and | d belief. |
| | | Director |
| Sic | nature of Owner or Lessee, or Owner's or bessee's Authorized Officer/Di | |
| U,E | practice of counce of cossess of courses a or cossess a rotal office of consensus | old manager of the order |
| Tr | ne foregoing instrument was acknowledged before me this _ | 17 day of Dec 15 by Tom Troffer |
| | | month/year name of person |
| as | | Buena Vista Construction Company Name of party on behalf of whom instrument was executed |
| 1 | Type of authority, e.g., offices, trustee, attorney in fact | |
| Ì | | 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



Form Revised: September 26, 2011

Form 18

Release and Satisfaction of Recorded Claim of Lien

| STATE OF FLORIDA) | | |
|--|--------------------|---|
|) | SS | |
| COUNTY OF <u>Olonge</u> | | |
| The undersigned having filed a Claim of against the property of (Owners): (1) h/D west | Lien in the am | ount of \$ 107 447 49 |
| against the property of (Owners): 11h/1Dispert | Poiks & Resort | US hould Disply Trage needing, on the |
| against the property of (Owners): [Uh/[Disusy 1] [D] day of | , in Official Re | cord Book 1099/ , at Page |
| 4631, in the Office of the Clerk of the | Circuit Court | of Olange |
| County, State of Florida, against the following de | escribed real pr | operty in <u>Oktor do, Fl</u> |
| County, Florida: Dissey Polywesian Res 1600 Seven Seas De Lake Buena Vista, Fl | ort Rehab | |
| 1600 Seven Seas UL | | |
| Lage Buena Usla, 11 | Twelin | ME Prope 27 fast. |
| (Legal Description) Soction 11 2 14 | TOWNSTUP. | 24 3. Hange 27 000 |
| NOW. THEREFORE, the lienor, for | TEN DOLLA | RS (\$10.00) and other good and valuable |
| consideration, does hereby acknowledge having | | |
| and does direct the Clerk of Circuit Court to ca | | |
| Section 713.21 of the Florida Statutes. | | |
| | | |
| Signed, sealed and delivered this/7 d | ay of <u>Decom</u> | <u>625</u> , 200 <u>15</u> . |
| Singed, sealed and delivered | | |
| In the presence of: | | |
| F | 11 | |
| - (40 | Kntech | Creatise Industries (Company name) |
| Michael Boully | By: | $\Delta A A A A$ |
| Pin 1 Million (8) Rec 11 | By: | |
| Printed: Michael Bailly | () | |
| Chain & DMOO. | U | |
| Printed: Charles R. O'mallet | | |
| | | |
| \mathcal{A} | 1. 11 | / - |
| Before me, personally appeared, | ON Mar | hoefer, the <u>Ceo</u> oduced <u>floride</u> Drivers License |
| of Entech Crective Industries | , who pro | oduced Horide Drivers Kiconse |
| as identification, and who did take an oath, and a | icknownedged i | o and before the that he/she executed |
| this instrument for the purposes therein expressed day of <u>Pecamber</u> , 20015. | ed on benair of | said entity, this |
| day 01 <u>pecomo</u> , 200 <u>no</u> . | | |
| | Λ | $\left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac$ |
| AUDREY L. MORROW | | deuf of Morlow |
| * MY COMMISSION # FF 149791 EXPIRES: August 11, 2018 | • | ublic, State of Florida |
| Bonded Thru Budget Notary Services | My Com | mission Expires: 8.11.2018 DOC # 20150656599 B: 11030 P: 4931 |
| | | 12/21/2015 08:48 AM Page 1 of 1 |
| This Document | Prepared By- | Rec Fee: \$10.00 Deed Doc Tax: \$0.00 |
| Imo Doddinent | - reputed by: | Mortgage Doc Tax: \$0.00 |
| | - 141 - | Intangible Tax: \$0.00 |
| | | Martha O. Haynie, Comptroller Orange County, FL |
| | | Ret To: SIMPLIFILE LC |

DOC # 20150657439 B: 11030 P: 6721 12/21/2015 10:56 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) AK Safari BOH Ramp, 3701 Osceola Pkwy, BL JRAK6001 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 Surety (if applicable, a copy of the payment bond is attached) Name Telephone Number Amount of Bond \$ Address 6. Lender Name Telephone Number 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 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 Colleen M Ladd, Construction Manager 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 perfury, Laeclare 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. Director

month/year

The foregoing instrument was acknowledged before me this 18 day of Dec 15 by Tom Troffer

for Buena Vista Construction Company

rpe/of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

Maria McCabe Signature of Notary Public - State of Floridae

Signature of Chass or residen or Comer's or Lessee's Authorized Officer/Director/Partner/Manager

Prior type or stamp commissioned name of Notary Public

Personally Known X OR Produced ID

Type of ID Produced

as Director

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

Form Revised: September 26, 2011

Signatory's Title/Office

| Permit Number: <u>BD15-0590</u> Folio/Parcel ID #: <u>Z8-24-28-0000-00-057</u> Prepared by: | DOC # 20150659669 B: 11031 P: 3020 12/22/2015 10:21 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller |
|---|--|
| Return to: | Orange County, FL Ret To: SIMPLIFILE LC |
| | |
| NOTICE OF COMMENCEMENT | |
| State of Florida, County of Orange The undersigned hereby gives notice that improvement will be nowith Chapter 713, Florida Statutes, the following information is part of the property (legal description of the property, and the Carona Vista | nade to certain real property, and in accordance provided in this Notice of Commencement. Indistreet address if available) |
| 2 Conoral description of improvement, | |
| interior remodel | contracted for the improvement |
| Name Walt Dishey / 10 500 | |
| Addicos | |
| Name and address of fee simple titleholder (" circles | rom Owner listed above) |
| Name | |
| Address | Telephone Number 727-223-496-2 |
| 4. Contractor / Name / Lawkeye Construction Address 985 Harbor Lk. Dr. + 4; Safety | Harber FL 34695 |
| 5. Surety (if applicable, a copy of the payment bond is attached | ed) |
| Name | Telephone Number Amount of Bond \$ |
| Address | |
| 6. Lender Name | Telephone Number |
| Address 7. Persons within the State of Florida designated by Own | or upon whom notices or other documents may |
| be served as provided by \$713.13(1)(a)7, Florida Statu | Telephone Number 27-223- 4902 |
| Address 985 Harbor Course designates the | e following to receive a copy of the Lienor's |
| Notice as provided in §713.13(1)(b), Florida Statutes. Name | Telephone Number |
| Address | etion date will be 1 year from the date of recording |
| Address | |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THI ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, S RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPER RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OF | RTY, A NOTICE OF COMMENCEMENT MUST BE ION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT R RECORDING YOUR NOTICE OF COMMENCEMENT. |
| | r/Partner/Manager Signatory's Title/Office |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director | Stay of Dec by Andry Rankers |
| The foregoing instrument was acknowledged before me this 2/ | month/year name of person |
| Type of authority e.g. officer, trustee, attorney in fact N | ame of party on behalf of whom instrument was executed |
| 1/6/2 Thor | DEBORAH HARZ |
| Signature of Notary Public – State of Florida | Print, type, or Manno estimates from Print Public My Comm. Expires Oct 30, 2018 Commission # FF 173193 |
| Personally KnownOR Produced ID Type of ID Produced | Bonded through National Notary Assn. |

Form content revised: 01/23/14

Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Chad Schroeder P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150660261 B: 11031 P: 5104 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO

(legal description of the property, & street address if available)

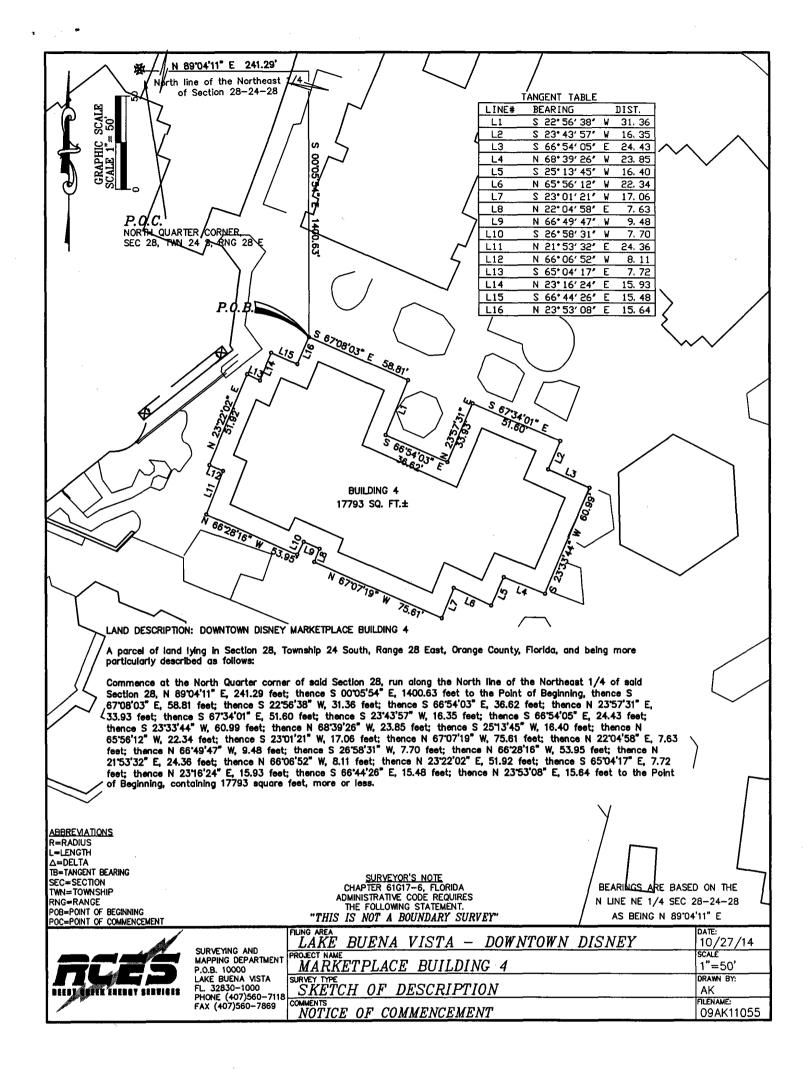


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

1. Description of property

| 4039005 See Attached | |
|---|---|
| . General description of improvement | |
| Mechanical | |
| Owner information of 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 & address of fee simple titleholder | (if different from Owner listed above) |
| Name: | , |
| Address: | |
| Contractor | |
| Name: Ferran Services & Contracting Inc | Telephone Number: (407) 422-3551 |
| Address: 530 Grand St, Orlando , FL 32805-4795 | |
| Surety | (if applicable, a copy of the payment bond is attached) |
| Name: | Telephone Number: |
| Address: | Amount of Bond \$ |
| Lender | |
| | Telephone Number: |
| Name: | rolephone (valide). |
| Address: | whom notices or other decurrents may be several as |
| Persons within the State of Florida designated by Owner upon provided by Section 713.13(1)(b), Florida Statues. | whom houses or other documents may be served as |
| Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| In addition to himself or herself, Owner designates the following Section 713.13(1)(b), Florida Statues. | g to receive a copy of the Lienor's Notice as provided by |
| Name: Chad Schroeder | Telephone Number: |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| (the expiration date may not be before the completion of construction the date of recording unless a different date is specified) Jun 10, 201 ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THOUSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECUMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE | 16 |
| IE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTA TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTIC | |
| nder penalty fo perjury, I declare that I have read the foregoing n | otice of commencement and that the facts stated in it are |
| te to the best of my knowledge and butter. | 0. 101 1 101 101 |
| | Chad Schroeder / Planner / FAM |
| Signature of Owner or Lessee, of Owner's or Lessee's | Signatory's Printed Name/Title/Office |
| Authorized Officer/Director/Partner/Manager | MA day of Dec 2015, by Clad Schroed |
| e foregoing instrument was acknowledged before me this | day of <u>DECLOS</u> , by <u>Closed</u> <u>John voed</u> |
| 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 |
| ersonally known OR Produced ID | Notary Public State of Florida |
| pe of ID Produced | Kelly L Nobles My Commission EE 220221 Expires 07/29/2016 |



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

Lake Buena Vista, FL 32830-1000

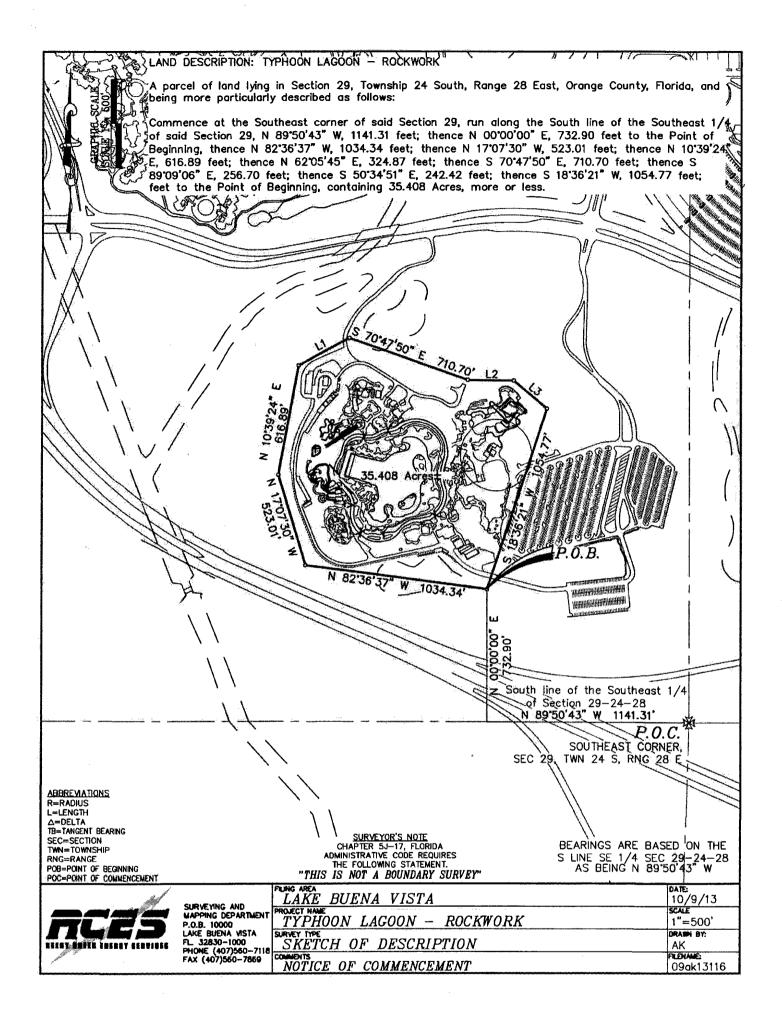
DOC# 20150660262 B: 11031 P: 5106 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| | ne undersigned hereby gives notice that improvement will be made to co orida Statues, the following information is provided in this Notice of Con | | |
|-----------------------|---|--|-------------|
| 1. | . Description of property (le | egal description of the property, & street address if available) | |
| _ | See Attached | | |
| 2. | . General description of improvement | | |
| 3 | General Construction Owner information of Lessee information if the Lessee contracted | d for the improvement | |
| J. | Name: Walt Disney World Resort | a for the improvement | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | · · · · · · · · · · · · · · · · · · · | |
| | Interest in Property: Owner | · · · · · · · · · · · · · · · · · · · | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) | |
| | Name: | | |
| | Address: | | |
| 4. | Contractor | • | |
| | Name: Nassal Company | Telephone Number: (407) 648-0400 | |
| _ | Address: 415 West Kaley Sfreet, Orlando , FL 32806 | 126 - 12 - 12 | |
| 5. | Surety | (if applicable, a copy of the payment bond is attached) | |
| | Name: | Telephone Number: Amount of Bond \$ | |
| e | Address: Lender | Amount of Boild \$ | |
| 0. | Name: | Telephone Number: | |
| | Address: | reseptione Hamber, | |
| _ | Persons within the State of Florida designated by Owner upon wh | nom notices or other documents may be served as | |
| 7. | provided by Section 713.13(1)(b), Florida Statues. | terminate of care, accumulation may be served as | |
| | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | - Address Andress Andr | |
| 8. | In addition to himself or herself, Owner designates the following t Section 713.13(1)(b), Florida Statues. | to receive a copy of the Lienor's Notice as provided by | |
| | Name: Debbie Mize | Telephone Number: (407) 560-4819 | |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | | |
| 9. | Expiration date of notice of commencement | managayan (1999) ilina mahama 1994 - Indiana mahama ana ana ana ana ana ana ana ana ana | |
| | (the expiration date may not be before the completion of construction a | and final payment to the contractor, but will be 1 year from | |
| | the date of recording unless a different date is specified) | | |
| | Dec 21, 2016 | <u>.</u> | |
| CO PA THI AT | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE DISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION, AND THE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF IT JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF | ON 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR F COMMENCEMENT MUST BE RECORDED AND POSTED ON I FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. | |
| | nder penalty fo perjury, I declare that I have read the foregoing noti te to the best of my knowledge and belief. | | on Part |
| | Thora Strone | DEBERT. MIZE, WDW & Signatory's Printed Name/Title/Office day of DEE 2015 by DESRA M. 22 | -arm region |
| | Signature of Owner or Lessee, or Owner's or Lessee's | Signatory's Printed Name/Title/Office | mak. Hada |
| | Authorized Officer/Director/Partner/Manager | $M_{\rm tot} = M_{\rm tot}$ | 1 10 |
| The | e foregoing instrument was acknowledged before me this | day of NEE (11) by DESICA / 1, 22 | <u>-</u> |
| as | Authorized Signatory for | Walt Disney World Resort | |
| | Type of authority, e.g., officer, trustee, attorney in fact Nar | me of party on behalf of whom instrument was executed | |
| | | | |
| | Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public | |
| Pers | sonally known X OR Produced ID | Notary Public State of Florida | |
| Гур | e of ID Produced | 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: David Lubic 4040629 P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150660263 B: 11031 P: 5108 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO

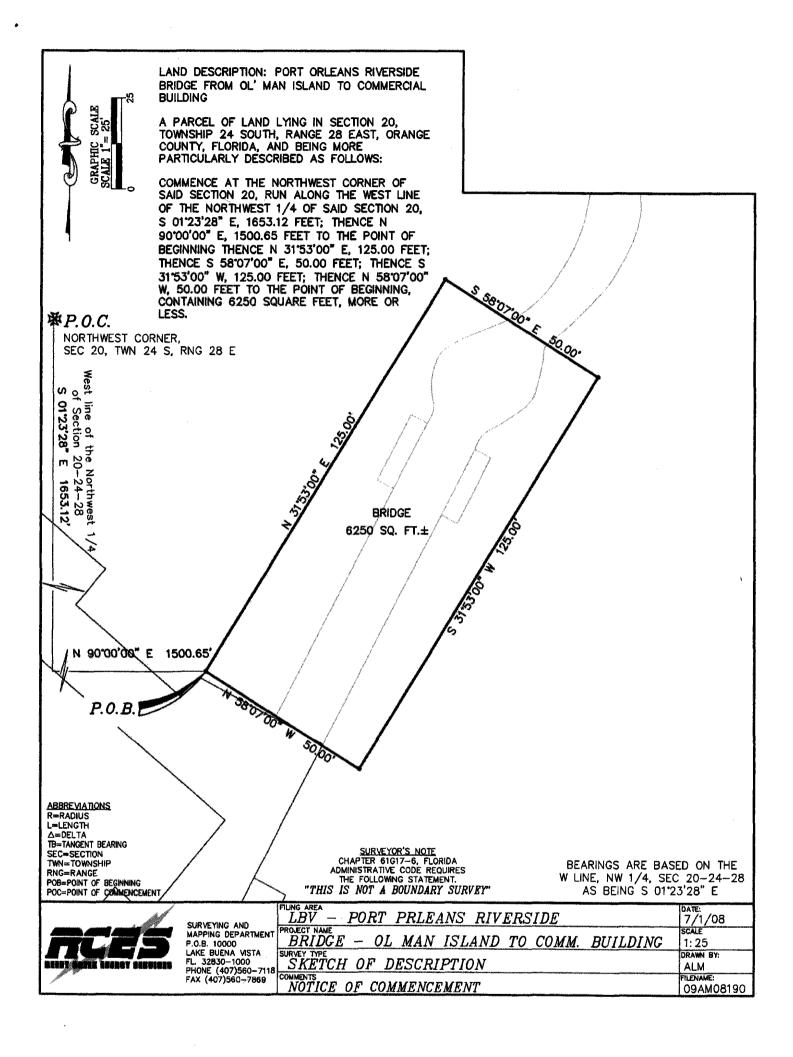


NOTICE OF COMMENCEMENT

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 Statues, the following information is provided in this Notice of Commencement.

| ••• | Description of Property | gai description of the property, a street address if available) |
|---|---|---|
| | See Legal Description | |
| 2. | 2. General description of improvement | |
| _ | General Construction | |
| 3. Owner information of Lessee information if the Lessee contracted for the improvement | | for the improvement |
| | Name: Walt Disney World Resort | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property: Owner | |
| | Name & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| | Address: | |
| 4. | - Contractor | |
| | Name: CEC General Contractors Inc | Telephone Number: 407-938-0177 |
| | Address: PO Box 22621, Lake Buena Vista, FL 32830 | |
| 5. | 5. Surety | (if applicable, a copy of the payment bond is attached) |
| | Name: | Telephone Number: |
| | Address: | Amount of Bond \$ |
| 6. | 5. Lender | |
| | 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 Statues. | • |
| | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 8. | 3 In addition to himself or herself, Owner designates the following to Section 713.13(1)(b), Florida Statues. | o receive a copy of the Lienor's Notice as provided by |
| | Name: David Lubic | Telephone Number: (407)939-4788 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 9. | Expiration date of notice of commencement | |
| | (the expiration date may not be before the completion of construction a the date of recording unless a different date is specified) | nd final payment to the contractor, but will be 1 year from |
| | | |
| | Mar 21, 2016 | _ |
| PA TH AT | /ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE I ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIC AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN TTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE O | ON 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. |
| | Inder penalty fo perjury, I declare that I have read the foregoing notice to the best of my knowledge and belief. | |
| | Wary KK: Da | wid Lubiz / Planner / FAM |
| | Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| The | ne foregoing instrument was acknowledged before me this | day of Dec 2015, by Davis Lusic |
| as | | Walt Disney World Resort |
| | | The second of the second was executed |
| | Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| Per | ersonally known \(\sum_{\text{N}} \) OR Produced ID | Notary Public State of Florida |
| Тур | rpe of ID Produced | Kelly L Nobles My Commission EE 220221 Expires 07/29/2016 |



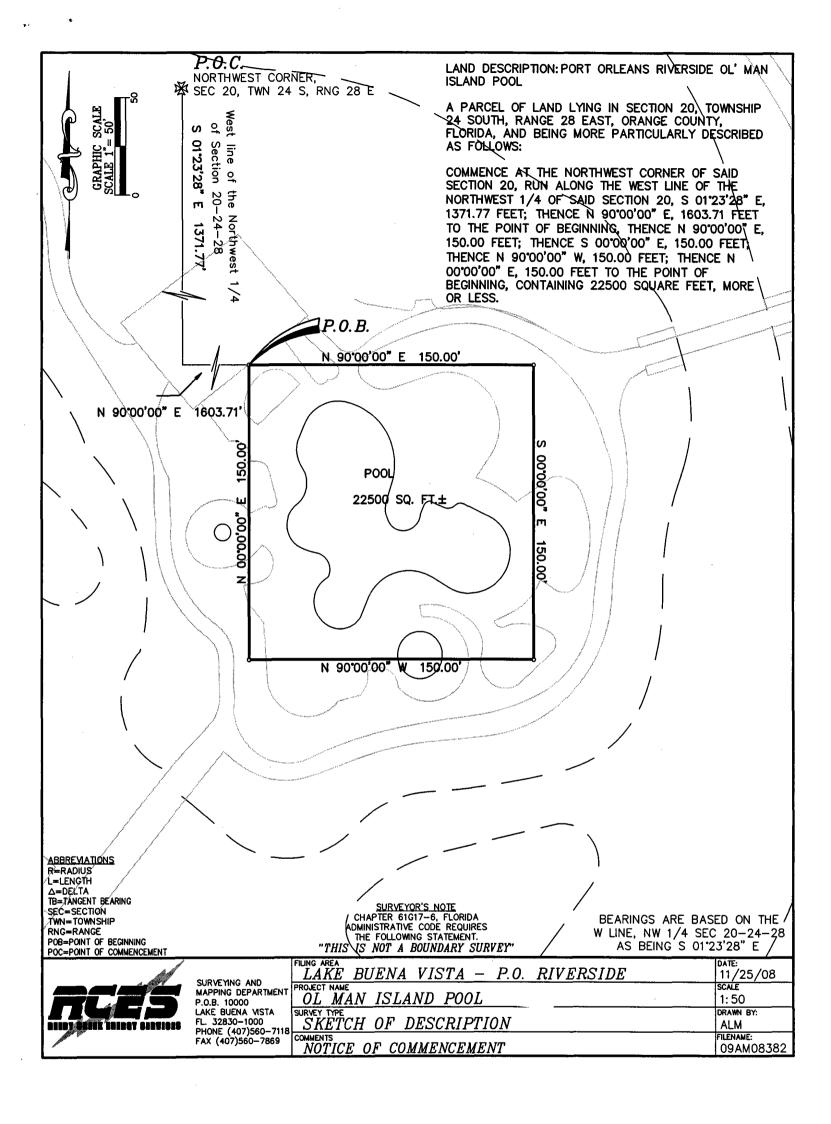
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Terry Stofflet P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150660264 B: 11031 P: 5110 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. Description of property | (legal description of the property, & street address if available) |
|---|--|
| 4040939 - See Attached | |
| 2. General description of improvement | |
| General Conditions | |
| Owner information of Lessee information if the Less | ee contracted for the improvement |
| Name: Walt Disney World Resort | |
| Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property: Owner | |
| Name & address of fee simple titleholder | (if different from Owner listed above) |
| Name: | |
| Address: | , |
| S. Contractor | N. Committee of the com |
| Name: Faden Builders | Telephone Number: 352-735-9805 |
| Address: 736 S Rossiter St, Mt Dora, FL 32757 | |
| 5. Surety | (if applicable, a copy of the payment bond is attached) |
| Name: | Telephone Number: |
| Address: | Amount of Bond \$ |
| 5. Lender | |
| Name: | Telephone Number: |
| Address: | |
| | wner upon whom notices or other documents may be served as |
| Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32 | |
| In addition to himself or herself, Owner designates t | the following to receive a copy of the Lienor's Notice as provided by |
| Section 713.13(1)(b), Florida Statues. | |
| Name: Terry Stofflet | Telephone Number: (407)828-3137 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32 | 2830-1000 |
| Expiration date of notice of commencement | |
| (the expiration date may not be before the completion of the date of recording unless a different date is specified) | f construction and final payment to the contractor, but will be 1 year from) |
| | Apr 29, 2016 |
| CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY | ER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR Y. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON END TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN |
| rue to the best of my knowledge and belief. | foregoing notice of commencement and that the facts stated in it are |
| SAM | Terry Stofflet/APM/FAM |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| he foregoing instrument was acknowledged before me this | |
| Authorized Signatory | for Walt Disney World Resort |
| Type of authority, e.g., officer, trustee, attorney in fa | |
| | , , |
| Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| ersonally known X OR Produced ID | Notary Public State of Florida |
| ype of ID Produced | 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: Terry Stofflet
P.O. Box 10000 Lake Buena Vista, FL 32830-1000

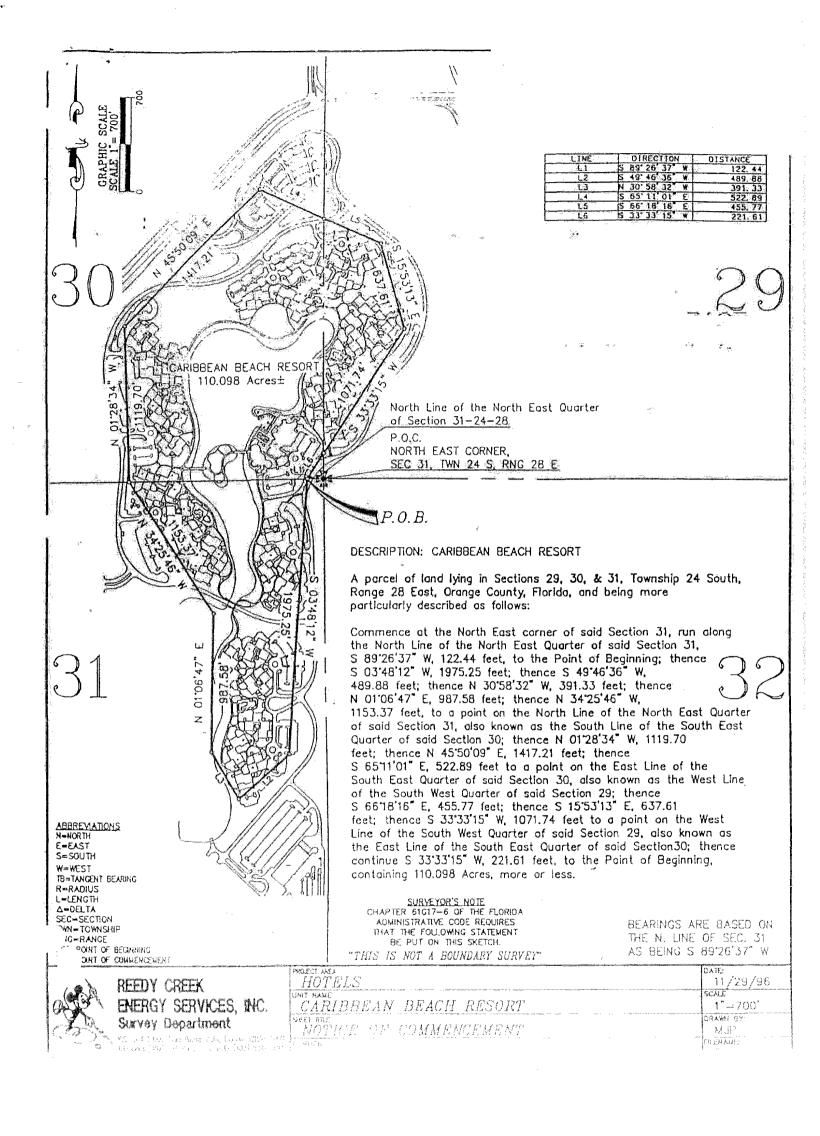
DOC# 20150660265 B: 11031 P: 5112 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 1. | Descripti | ion of property | (legal description of the property, & street address if available) |
|--------|---------------------|---|--|
| | 4030932 | - See Attached | |
| 2. | General | description of improvement | |
| | General C | Conditions | |
| 3. | Owner in | formation of Lessee information if the I | essee contracted for the improvement |
| | Name: | Walt Disney World Resort | |
| | Address: | P.O. Box 10000, Lake Buena Vista, FL 32 | 2830 |
| | Interest in | Property: Owner | |
| | Name & a | address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | · · | |
| | Address: | | |
| 4. | Contract | or | |
| | Name: | Faden Builders | Telephone Number: 352-735-9805 |
| | Address: | 736 S Rossiter St, Mt Dora, FL 32757 | |
| 5. | Surety | | (if applicable, a copy of the payment bond is attached) |
| | Name: | | Telephone Number: |
| | Address: | | Amount of Bond \$ |
| 6 | Lender | | |
| ٠. | | | Telephone Number: |
| | Name: | | relephone rumser. |
| | Address: | within the Control of Florida decision and h | · Ouman under matient au attendant de la companyation de la companyati |
| 7. | Persons provided | within the State of Florida designated b by Section 713.13(1)(b), Florida Statue | y Owner upon whom notices or other documents may be served as |
| | - | idy Wells, Facility Asset Management (FAI | |
| | Address: | P.O. Box 10000, Lake Buena Vista, Florid | la 32830-1000 |
| | In additio | on to himself or herself. Owner designate | es the following to receive a copy of the Lienor's Notice as provided by |
| 8 | Section 7 | 713.13(1)(b), Florida Statues. | as the following to receive a copy of the Elenor's Notice as provided by |
| | Name: | Terry Stofflet | Telephone Number: (407)828-3137 |
| | Address: | P.O. Box 10000, Lake Buena Vista, Florid | a 32830-1000 |
| 9. | | on date of notice of commencement | , |
| | • | | on of construction and final payment to the contractor, but will be 1 year from |
| | | of recording unless a different date is speci | |
| | | | Iv. 20, 2016 |
| | ADMING TO | OMINED, ANY DAYMENTS MADE BY THE | Jul 29, 2016 |
| | | | WNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR |
| | | | ERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN |
| | | BEFORE COMMENCING WORK OR RECORD | |
| | | | the foregoing notice of commencement and that the facts stated in it are |
| tr | ue to the b | pest of my knowledge and belief. | |
| \leq | \geq . | Tha | Jeny Stofflyt/APm/FAM |
| = | Signature | of Owner or Lessee, or Owner's or Lesse | e's Signatory's Printed Name/Title/Office |
| | Auth | norized Officer/Director/Partner/Manager | \sim \sim \sim \sim \sim \sim \sim \sim |
| Th | e foregoing | g instrument was acknowledged before me | this 20 day of Dec 2015, by Tenry Stattlet |
| | | - | month/year |
| | | | U |
| as | | Authorized Signatory | for Walt Disney World Resort |
| | Туре | e of authority, e.g., officer, trustee, attorney | in fact Name of party on behalf of whom instrument was executed |
| | | 1 | |
| - | Sia | nature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| | Sigi | naprie of Notary Public - State of Fiorida | Fillit, type, or stamp hame or Notary Foolic |
| _ | | N OR Produced ID | \$**************** |
| Pe | rsonally kn | ON Produced ID | Notary Public State of Florida |
| τ. | EID D | and upon | Kelly L Nobles |
| ıу | pe of ID Pr | oduced | My Commission EE 220221 Expires 07/29/2016 |



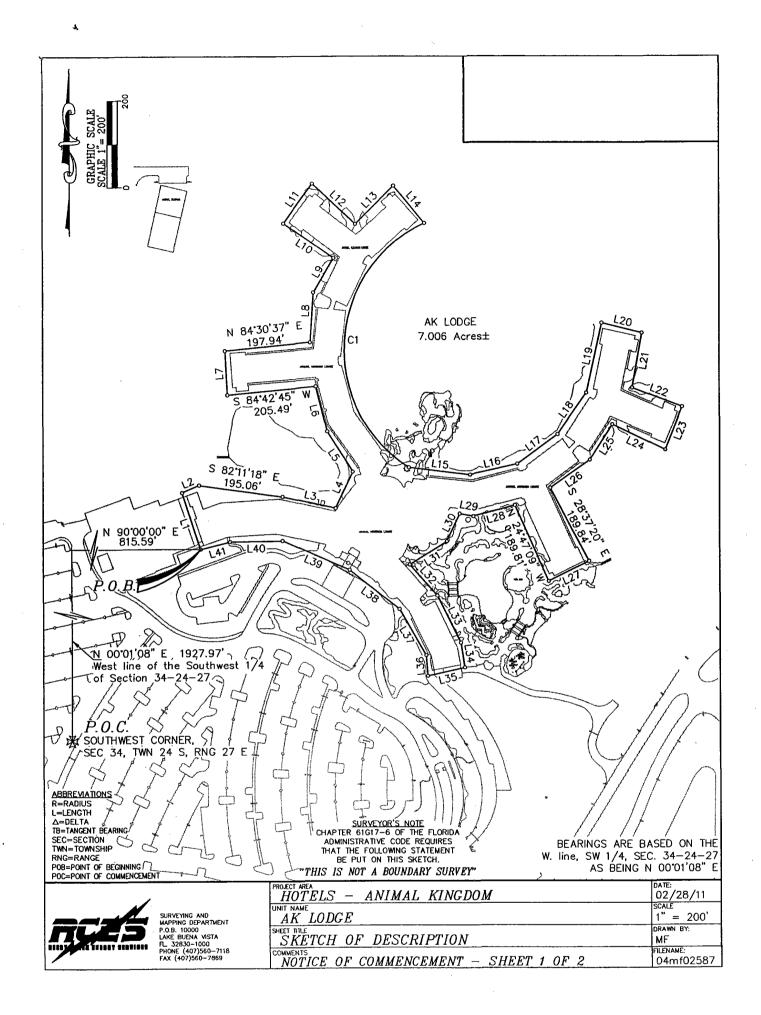
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Terry Stofflet P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150660266 B: 11031 P: 5114 12/22/2015 12:47:46 PM Page 1 of 3 Rec Fee: \$27.00 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| Name: Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety Telephone Number: 407-938-94 Address: 2118 Oregon Street, Orlando, FL 32803 6. Lender Name: Telephone Number: Address: Amount of Bond \$ 6. Lender Name: Address: 7. 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 Statues. Name: Judy Wells, Facility Saset Management (FAM) 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 Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date of notice of commencement (the 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 TARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PARTI, SECTION 713.13, FLORIDA STATULES, AND CAN RESULT IN YOUR PAYMENT TWICE POR IMPROVEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED THE JOB STIE BEFORE TO HER TRIST HYSPECTION. IF YOU INTEND TO DETAIL FINANCING, CONSULT WITH YOUR LENDER OF COMMENCEMENT. Under penalty the Proper Her First IMSPECTION. IF YOU INTEND TO DETAIL FINANCING, CONSULT WITH YOUR LENDER OF COMMENCEMENT. Under penalty the Proper of Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida | 1. Description of property | (legal description of the property, & street address if available) |
|--|--|---|
| 3. Owner Information of Lessee Information if the Lessee contracted for the improvement Name: Wall Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name & address of fee simple titleholder Name: Address: Amount of Bond \$ Address: Andurt of Bond \$ Address: Amount of Bond \$ Address: Andurt of Bond \$ Address: A | 4038915 - See Attached | |
| 3. Owner Information of Lessee information if the Lessee contracted for the improvement Name: Walt Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name & address of fee simple titleholder Name: Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (if applicable, a copy of the payment bond is attach Name: Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Arount of Bond \$ 6. Lender Name: Telephone Number: Address: An Elephone Number: Address: A Fees on 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-44 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 Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 EMPRATION OF THE NOTICE OF COMMENCEMENT TARE COMMENT THE FORE THE FIRST INSPECTION. IF YOU INTERN THE EMPRATION OF THE NOTICE OF COMMENCEMENT TARE COMMENT TO FORE FOR MEMPOREMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT TARE COMMENT TO FORE FOR MEMPOREMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT TO YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT TO YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT TO YOUR LENDER OR AN ATTOR | 2. General description of improvement | |
| Name: Walt Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name A address of fee simple titleholder Name: Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (If applicable, a copy of the payment bond is attach Name: Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (If applicable, a copy of the payment bond is attach Name: Address: Address: Address: Address: Address: Address: Address: Anount of Bond \$ 6. Lender Name: Address: Address: Address: Address: Address: Arount of Bond \$ 7. 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 Statuse. Name: Lovy Wells, Facility Asset Management (FAM) Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 8. Section 713.13(1)(b), Florida Statuses. Name: Terry Stofflet Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date on the 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 ATCONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUGH THE VIOLE FOR MINERCEMENT SURGER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUGH THE PAYMENT TIME OF PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUGH THE PAYMENT TIME OF PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUGH THE VIOLE FOR MINERCEMENT SURGER COMMENCEMENT SURGER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUGH THE VIOLE OF COMMENCEMENT SURGER OF MINERCEMENT SURGER CONTINUE OF COMMENCEMENT SURGER CONTINUE OF COMMENCEMEN | General Conditions | |
| Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner Name & address of fee simple titleholder Name: Gameron Constructors, Inc. Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (If applicable, a copy of the payment bond is attach Name: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: 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(h)b, Florida Statues. Name: Terry Stofflet Telephone Number: (407) 938-46 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date of notice of commencement (the expiration date of notice of commencement (the expiration date any 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 173.13, CINICIO STATUES, AND CAN RESULT IN YOUR LENGER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 173.13, CINICIO STATUES, AND CAN RESULT IN YOUR LENGER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT ARE COMBINED PAYMENTS UNDER CORD AND A THORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT AND A THORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT AND A THORNEY BEFORE COMMENCING WORK OR RE | 3. Owner information of Lessee information if the Lessee | contracted for the improvement |
| Interest in Property: Owner Name: Address of See simple titleholder Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (if applicable, a copy of the payment bond is attach Address: Address: Address: Amount of Bond \$ 5. Surety (if applicable, a copy of the payment bond is attach Name: Telephone Number: Address: Amount of Bond \$ 6. Lender Name: Address: Telephone Number: Address: 7. 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) In addition to himself or herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Telephone Number: (407) 939-46 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 Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date of notice of commencement CONSIDERED IMPROPER PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE of COMMENCEMENT THE PAYMENT NUMBER CHAPTER 713, PART, Is SECTION 713.13, ELORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTEO OF AND PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTEO OF AND POSTEO OF COMMENCEMENT MUST BE RECORDED AND POSTEO OF COMMENCEMENT MUST BE RECORDED AND POSTEO OF COMMENCEMENT STO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTEO OF COMM | Name: Walt Disney World Resort | |
| Name & address of fee simple titleholder Name: Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (If applicable, a copy of the payment bond is attach Name: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Address: Amount of Bond \$ 7. 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-44 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 Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stoffiel Telephone Number: (407) 938-34 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 INSPECTION, 17: Section 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED THE PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT. WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT. Warning To Owner on Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged befo | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Name: Address: 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety Address: 2118 Oregon Street, Orlando, FL 32803 (If applicable, a copy of the payment bond is attach Telephone Number: Address: Address: Amount of Bond \$ 6. Lender Name: Address: 7. 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 Statues. 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 to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date or notice of commencement Telephone Number: (407)828-3: WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT TARE CONSIDERED IMPROPER PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED THE JOS SITE BEFORE THE FIRST INSPECTION, IT YOU INTRECT OF GOTMENCEMENT MUST BE RECORDED AND POSTED THE JOS SITE BEFORE THE FIRST INSPECTION, IT YOU INTRECT OF GOTMENCEMENT MUST BE RECORDED AND POSTED THE JOS SITE BEFORE THE FIRST INSPECTION, IT YOU INTRECT OF GOTMENCEMENT MUST BE RECORDED AND POSTED THE JOS SITE BEFORE THE FIRST INSPECTION, IT YOU INTRECT OF GOTMENCEMENT MUST BE RECORDED AND POSTED MEDICAL PROPERTY: A NOTICE OF COMMENCEMENT. WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER OF THE NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED THE JOS SITE BEFORE THE FIRST INSPECTION. IT YOU INTRECT OF GOTMENCEMENT. WARNING TO FORMER CENTER OF THE MEDICAL PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POS | Interest in Property: Owner | , |
| Address: 4. Contractor Name: Cameron Constructors, Inc. Telephone Number: 407-938-94 Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (if applicable, a copy of the payment bond is attach Name: Telephone Number: Address: Address: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Application 713,131(1)(p), Florida Statues. 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 to receive a copy of the Lienor's Notice as provided by Section 713,131(1)(p), Florida Statues. Name: Treiphone Number: (407) 939-46 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 713,131(1)(p), Florida Statues. Name: Treny Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED THE JOB STIR BEFORE THE RITH INSECTION. IT, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT. Under penalty for perjury, I declare that 1 have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Signatory's Printed Name/Fittle/Office Authorized | Name & address of fee simple titleholder | (if different from Owner listed above) |
| 4. Contractor Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (if applicable, a copy of the payment bond is attach Name: Telephone Number: Address: Presons 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the 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 PAYMENT WINDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT AND SAN DEAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT. Under penalty fo perjury, I declare that I have read the foregoin | Name: | · · · · · · · · · · · · · · · · · · · |
| Name: Cameron Constructors, Inc. Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety (if applicable, a copy of the payment bond is attach Name: Address: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: 7. 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-46 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 Statues. Name: Terry Stofflet Telephone Number: (407) 828-3: Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the 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 ARCONSIDERED IMPROPER PAYMENT TWICE POR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT. IN YOUR PAYMENT TWICE POR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT. Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the Post of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | Address: | |
| Address: 2118 Oregon Street, Orlando, FL 32803 5. Surety Name: Telephone Number: Address: Admount of Bond \$ 6. Lender Name: Telephone Number: Address: 7. 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 Statues. Name: Judy Wells, Facility Asset Management (FAM) Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 8. In addition to himself or horself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Telephone Number: (407) 939-46 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT THE PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT. Under penalty fo perjuy, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | 4. Contractor | |
| 5. Surety Name: Address: Amount of Bond \$ Chender Name: Address: Address: Amount of Bond \$ Chender Name: Address: Ame: Address: | Name: Cameron Constructors, Inc. | Telephone Number: 407-938-9477 |
| Name: Telephone Number: Address: Amount of Bond \$ 6. Lender Name: Telephone Number: Address: Telephone Number: Address: Telephone Number: Address: 7, 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 Statues. 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 to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Telephone Number: (407)828-3: Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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, PART1, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED OF THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR DEPORE OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | Address: 2118 Oregon Street, Orlando, FL 32803 | |
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| 6. Lender Name: Telephone Number: Address: 7. 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 Statues. 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 to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Telephone Number: (407)828-3: Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 PAYMENT 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 fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it air true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | · | Telephone Number: |
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| Name: Telephone Number: Address: 7. 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 Statues. 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 to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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, ELorida VILLES, AND CAN RESULT IN YOUR PAYMENT YOU 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 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 fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | | |
| Address: 7. 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 Statues. 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 to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b). Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the 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 STATUES, AND CAN RESULT IN YOUR PAYMENT 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 00 STATIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | | Telephone Number: |
| 7. 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 Statues. 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 to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 IMPROVEMENTS OF YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE COMMENCEMENT AND TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE COMMENCEM WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Type of authority, e.g., officer, trustee, attorney in fact Print, type, or stamp name of Notary Public | | |
| Provided by Section 713.13(1)(b), Florida Statues. 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 to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Telephone Number: (407)828-3: Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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 STATUES, AND CAN RESULT IN YOUR PAYMENT 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. WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty to perjury. I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signatory's Printed Name/filte/Office Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | Persons within the State of Florida designated by Own | ner upon whom notices or other documents may be served as |
| 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 Statues. Name: Terry Stofflet Telephone Number: (407)828-3* Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the 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 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 fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | | ier upon whom notices or other documents may be served as |
| 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Telephone Number: (407)828-31 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) | Name: Judy Wells, Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| Section 713.13(1)(b), Florida Statues. Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) | Address: P.O. Box 10000, Lake Buena Vista, Florida 3283 | 30-1000 |
| Name: Terry Stofflet Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) | | following to receive a copy of the Lienor's Notice as provided by |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 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) Jun 24, 2016 | Name: Terry Stofflet | Telephone Number: (407)828-3137 |
| 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) Jun 24, 2016 | Address: P.O. Box 10000, Lake Buena Vista, Florida 328 | |
| (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) Jun 24, 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 STATUES, AND CAN RESULT IN YOUR PAYMENT 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 fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it at true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | • | onstruction and final payment to the contractor, but will be 1 year from |
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| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Type, or stamp name of Notary Public Signature of Notary Public Signature of Notary Public Signature of Notary Public | WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTENI ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOU | AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON D TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN UUR NOTICE OF COMMENCEMENT. |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this as Authorized Signatory for Walt Disney World Resort 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 | true to the best of my knowledge and belief. | , |
| Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this as Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | The state of the s | Torcy Stafflet /APM/ FAM |
| as Authorized Signatory for Walt Disney World Resort Type of authority, e.g., officer, trustee, attorney in fact Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | | Signatory's Printed Name/Title/Office |
| 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 | The foregoing instrument was acknowledged before me this _ | and day of Dec 2015. by Tenny Stot Me |
| 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 | *Authorized Signatory | Walt Dispay World Pecort |
| Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public | do | |
| V | | |
| Porcepably known X OR Produced ID | Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| Notary Public State of Florida | Personally known X OR Produced ID | ANY Pile. Notary Public State of Florida |
| Type of ID Produced | Type of ID Produced | Kelly L Nobles My Commission EE 220221 |



LAND DESCRIPTION: AK LODGE

A parcel of land lying in Section 34, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southwest corner of said Section 34, run along the West line of the Southwest 1/4 of said Section 34, N 00'01'08" E, 1927.97 feet; thence N 90'00'00" E, 815.59 feet to the Point of Beginning; thence N 18'41'45" W, 135.94 feet; thence N 66'48'42" E, 43.28 feet; thence S 82'11'18" E, 195.06 feet; thence S 77'51'03" E, 125.97 feet; thence N 25'31'29" E, 92.33 feet; thence N 32'19'56" W, 109.81 feet; thence N 14'32'28" W, 105.64 feet; thence S 84'42'45" W, 205.49 feet; thence N 03'14'29" W, 100.52 feet; thence N 84'30'37" E, 197.94 feet; thence N 03'48'57" E, 113.87 feet; thence N 30'46'30" E, 92.57 feet; thence N 85'37'48" E, 124.57 feet; thence N 36'06'42" E, 112.51 feet; thence S 47'15'35" E, 136.72 feet; thence N 45'37'48" E, 124.57 feet; thence S 40'11'35" E, 111.56 feet to a point on a non-tangent curve concave Easterly having a radius of 316.91 feet, and a central angle of 124'06'40"; thence from a tangent bearing of S 65'56'10" W run Southerly along the arc of said curve, 686.47 feet; thence S 83'14'59" E, 144.99 feet; thence N 77'22'21" E, 112.61 feet; thence N 54'15'34" E, 116.71 feet; thence N 35'46'02" E, 116.69 feet; thence N 12'45'05" E, 163.09 feet; thence S 76'30'38" E, 97.42 feet; thence S 10'18'35" W, 127.03 feet; thence S 69'39'21" E, 125.28 feet; thence S 22'00'03" W, 106.20 feet; thence N 64'51'05" W, 138.14 feet; thence S 33'05'00" W, 97.18 feet; thence S 55'15'26" W, 112.98 feet; thence S 28'37'20" E, 189.84 feet; thence S 64'22'12" W, 105.07 feet; thence N 24'47'09" W, 189.81 feet; thence S 75'42'23" W, 99.71 feet; thence N 79'59'49" W, 32.71 feet; thence S 25'52'38" W, 69.45 feet; thence S 58'41'01" W, 102.01 feet; thence S 42'35'40" E, 95.18 feet; thence S 26'58'37" E, 121.12 feet; thence S 09'28'01" E, 57.59 feet; thence S 77'44'28" W, 89.18 feet; thence N 04'34'34" W, 47.49 feet; thence N 30'31'21" W, 123.10 feet; thence N 52'23'58" W, 145.87 feet; thence N 66'53'45" W, 168.90 feet; thence S 89'06'19" W, 121.27 feet; thence S 75'58'13" W, 70.30 feet to the Point of Beginn

| LINE# BEARING DIST. L1 N 18'41'45' V 135. 94 L2 N 66'48' 42' E 43. 28 L3 S 77'51'03' E 125. 97 L4 N 25'31'29' E 92. 33 L5 N 32'19'56' V 109. 81 L6 N 14'32'28' V 105. 64 L7 N 30'14'29' V 100. 52 L8 N 03'48'57' E 113. 87 L9 N 30'46'30' E 92. 57 L10 N 55'27'53' V 140. 29 L11 N 36'06'42' E 112. 51 L12 S 47'15'35' E 136. 72 L13 N 45'37' 48' E 124. 57 L14 S 40'11'35' E 111. 56 L15 S 83'14'59' E 144. 99 L16 N 77'22'21' E 112. 61 L17 N 54'15'34' E 116. 71 L18 N 35'46'02' E 116. 69 L19 N 12'45'05' E 166. 92 L20 S 76'30'38' E 97. 49 L21 S 10'18'35' V 127. 03 L22 S 69'39'21' E 125. 28 L23 S 22'00'03' V 106. 20 L24 N 64'51' 05' V 138. 14 L25 S 33'05'00' V 97. 18 L26 S 55'15'26' V 112. 98 L27 S 64'22'12' V 105. 07 L28 S 75'52'38' V 69. 45 L31 S 58'41'01' V 102. 07 L32 S 42'35' 40' E 95. 18 L33 S 26'58'37' E 121. 12 L34 S 09'28' 10' E 95. 18 L33 S 26'58'37' E 121. 12 L34 S 09'28' 10' E 95. 18 L33 S 26'58'37' E 121. 12 L34 S 09'28' 10' E 95. 18 L35 N 77'44'28' V 89. 18 L36 N 04'34'34' V 47. 49 L37 N 30'31'21' V 123. 10 L38 N 52'23'58' V 145. 87 L39 N 66'53'45' V 169. 90 L40 S 89'06'19' V 121. 27 | | TANGENT T | ABLE | Ε |
|---|---------|--------------|------|---------|
| L1 N 18*41*45* W 135. 94 L2 N 66*48*42* E 43. 28 L3 S 77*51*03* E 125. 97 L4 N 25*31*29* E 92. 33 L5 N 32*19*56* W 109. 81 L6 N 14*32*28* W 105. 64 L7 N 03*14*29* W 100. 52 L8 N 03*48*57* E 113. 87 L9 N 30*46*30* E 92. 57 L10 N 55*27*53* W 140. 29 L11 N 36*06*42* E 112. 51 L12 S 47*15*35* E 136. 72 L13 N 45*37*48* E 124. 57 L14 S 40*11*35* E 116. 71 L15 S 83*14*59* E 144. 99 L16 N 77*22*21* E 112. 61 L17 N 54*15*34* E 116. 71 L18 N 35*46*02* E 163. 69 L19 N 12*45*05* E 163. 09 L20 S 76*30*38* E 97. 42 L21 S 10*18*35* W 127. 03 L22 S 69*39*21* E 125. 62 L23 S 22*00*03* W 106. 20 L24 N 64*51*05* E 163. 09 L24 N 64*51*05* W 138. 14 L25 S 33*05*00* W 97. 18 L26 S 55*15*26* W 105. 07 L28 S 75*42* 23* W 99. 71 L29 N 79*59*49* W 32. 71 L30 S 25*52*38* W 69. 45 L31 S 58*41*01* W 102. 01 L32 S 42*35*40* E 95. 18 L33 S 26*58*37* E 121. 12 L34 S 99*28*01* E 57. 59 L35 S 77*44*28* W 89. 18 L34 S 99*28*01* E 57. 59 L35 S 77*44*28* W 89. 18 L36 N 04*34*34* W 47. 49 L37 N 30*31*21* W 123. 10 L38 N 52*23*58* W 145. 87 L39 N 66*53*45* W 145. 87 L39 N 66*53*45* W 145. 87 L30 S 89*06*19* W 121. 22 | LINE# | | | DIST. |
| L2 N 66'48' 42' E 43, 28 L3 S 77'51' 03' E 125. 97 L4 N 25'31' 29' E 92. 33 L5 N 32' 19' 56' W 109, 81 L6 N 14'32' 28' W 105, 64 L7 N 03' 14' 29' W 100, 52 L8 N 03' 48' 57' E 113, 87 L9 N 30' 46' 30' E 92, 57 L10 N 55' 27' 53' W 140, 29 L11 N 36' 06' 42' E 112, 51 L12 S 47' 15' 35' E 136, 72 L13 N 45' 37' 48' E 124, 57 L14 S 40' 11' 35' E 111, 56, 72 L15 S 83' 14' 59' E 144, 99 L16 N 77' 22' 21' E 112, 61 L17 N 54' 15' 34' E 116, 61 L17 N 54' 15' 34' E 116, 61 L19 N 12' 45' 05' E 163, 09 L20 S 76' 30' 38' E 97, 42 L21 S 10' 18' 35' W 127, 03 L22 S 69' 39' 21' E 125, 28 L23 S 22' 00' 03' W 106, 20 L24 N 64' 51' 05' W 138, 14 L25 S 33' 05' 00' W 97, 18 L26 S 55' 15' 26' W 112, 98 L27 S 64' 22' 12' W 105, 07 L28 S 75' 42' 23' W 99, 18 L26 S 55' 52' 38' W 69, 45 L31 S 58' 41' 01' W 102, 01 L32 S 42' 35' 49' W 32, 71 L30 S 25' 52' 38' W 69, 45 L31 S 58' 41' 01' W 102, 01 L32 S 42' 35' 49' W 32, 71 L30 S 25' 52' 38' W 69, 45 L31 S 58' 41' 01' W 102, 01 L32 S 42' 35' 49' W 32, 71 L30 S 25' 52' 38' W 69, 45 L31 S 58' 41' 01' W 102, 01 L32 S 42' 35' 49' W 32, 71 L30 S 25' 52' 38' W 69, 45 L31 S 58' 41' 01' W 102, 01 L32 S 42' 35' 49' W 39, 18 L33 S 26' 58' 37' E 121, 12 L34 S 09' 28' 01' E 57, 59 L35 S 77' 44' 28' W 89, 18 L36 N 04' 31' 21' W 123, 10 L38 N 52' 23' 58' W 145, 87 L39 N 65' 53' 45' W 163, 90 L40 S 89' 06' 19' W 121, 27 | | | i' V | 135, 94 |
| L3 S 77.51.03. E 125.97 L4 N 25.31.29. E 92.33 L5 N 32.19.56. V 109.81 L6 N 14.32.28. V 105.64 L7 N 03.14.29. V 100.52 L8 N 03.48.57. E 113.87 L9 N 30.46.30. E 92.57 L10 N 55.27.53. V 140.29 L11 N 36.06.42. E 112.51 L12 S 47.15.35. E 136.72 L13 N 45.37.48. E 124.57 L14 S 40.11.35. E 111.56 L15 S 83.14.59. E 144.99 L16 N 77.22.21. E 112.61 L17 N 54.15.34. E 16.71 L18 N 35.46.02. E 116.67 L19 N 12.45.05. E 163.09 L20 S 76.30.38. E 97.42 L21 S 10.18.37. V 127.03 L22 S 69.39.21. E 125.28 L23 S 22.00.03. V 106.20 L24 N 64.51.05. V 138.14 L25 S 33.05.00. V 97.18 L26 S 55.15.26. V 112.98 L27 S 64.22.12. V 105.07 L28 S 75.42.23. V 99.71 L29 N 79.59.49. V 32.71 L30 S 25.52.38. V 69.45 L31 S 58.41.01. V 102.01 L32 S 42.35.40. E 95.18 L33 S 26.58.37. E 121.12. L34 S 99.28.01. E 57.59 L35 S 77.44.28. V 89.18 L36 N 04.34.34. V 47.49. L37 N 30.31.21. V 123.10 L38 N 52.23.58. V 163.87 L39 N 66.53.45. V 163.87 L30 N 30.31.21. V 123.10 L38 N 52.23.58. V 163.87 L39 N 66.53.45. V 163.87 L30 S 25.52.58. V 163.87 L31 S 99.28.01. E 57.59 L35 S 77.44.28. V 89.18 L36 N 04.34.34. V 47.49. V 89.18 L37 N 30.31.21. V 123.10 L38 N 52.23.58. V 163.87 L39 N 66.53.45. V 163.87 L30 S 89.06.19. V 121.27 | | | | |
| L4 N 25°31′29′ E 92.33 L5 N 32°19′56′ V 109.81 L6 N 14°32′28′ V 109.64 L7 N 03°14′29′ V 100.52 L8 N 03°48′57′ E 113.87 L9 N 30°46′30′ E 92.57 L10 N 55°27′53′ V 140.29 L11 N 36°06′42′ E 116.51 L12 S 47°15′35′ E 136.72 L13 N 45°37′48′ E 124.57 L14 S 40°11′35′ E 111.56 L15 S 83°14′59′ E 144.99 L16 N 77°22′21′ E 112.61 L17 N 54°15′34′ E 116.71 L18 N 35°46′02′ E 116.69 L19 N 12°45′05′ E 163.09 L20 S 69°39′21′ E 125.28 L21 S 10°18′35′ V 127.03 L22 S 69°39′21′ E 125.28 L23 S 22°00′03′ V 106.20 L24 N 64°51′05′ V 138.14 L25 S 33°05′00′ V 97.18 L26 S 55°15′26′ V 112.98 L27 S 64°22′12′ V 105.07 L28 S 75°42′23′ V 99.71 L30 S 25°52′38′ V 69.45 L31 S 58°41′01′ V 102.01 L32 S 42°35′40′ E 95.18 L33 S 26°58′37′ E 121.12 L34 S 9°28′01′ E 57.59 L35 S 77°44′28′ V 89.18 L36 N 04°34′34′ V 102.01 L38 N 52°23′58′ V 169.18 L37 N 30°31′21′ V 123.10 L38 N 52°23′58′ V 163.87 L39 N 66°53′45′ V 163.87 L30 S 25°52′58′ V 169.13 | | | | |
| L5 N 32·19·56· V 109. 81 L6 N 14·32·28· V 105. 62 L8 N 03·14·32·28· V 105. 62 L8 N 03·48·57· E 113. 87 L9 N 30·46·30· E 92. 57 L10 N 55·27·53· V 140. 29 L11 N 36·06·42· E 112. 51 L12 S 47·15·35· E 136. 72 L13 N 45·37·48· E 124. 57 L14 S 40·11·35· E 111. 56 L15 S 83·14·59· E 144. 99 L16 N 77·22·21· E 112. 61 L17 N 54·15·34· E 116. 71 L18 N 35·46·02· E 116. 69 L19 N 12·45·05· E 163. 09 L20 S 76·30·38· E 97. 42 L21 S 10·18·35· V 120. 23 L22 S 69·39·21· E 125. 28 L23 S 22·00· 03· V 17. 03 L22 S 69·39·21· E 125. 28 L23 S 22·00· 03· V 106. 20 L24 N 64·51·05· V 138. 14 L25 S 33·05·00· V 97. 18 L26 S 55·15·26· V 112. 98 L27 S 64·22·12· V 105. 07 L28 S 75·30·30· V 97. 12 L30 S 25·52·38· V 69. 45 L31 S 58·41·01· V 102. 07 L32 S 42·35·40· E 95. 18 L33 S 26·58·37· E 121. 12 L34 S 09·28·10· E 95. 18 L33 S 26·58·37· E 121. 12 L34 S 09·28·01· E 57. 59 L35 S 77·44·28· V 89. 18 L36 N 04·34·34· V 47. 49 L37 N 30·31·21· V 123. 10 L38 N 52·23·59· V 145. 87 L39 N 65·53·45· V 166. 90 L39 N 65·53·45· V 166. 90 L39 N 65·53·45· V 166. 90 | 14 | |) E | 92, 33 |
| L6 N 14*32' 28' V 105. 64 L7 N 03' 14' 29' V 100. 52 L8 N 03' 46' 57' E 113. 87 L9 N 30' 46' 30' E 92. 57 L10 N 55' 27' 53' V 140. 29 L11 N 36' 06' 42' E 112. 51 L12 S 47' 15' 35' E 136. 72 L13 N 45' 37' 48' E 124. 57 L14 S 40' 11' 35' E 111. 56 L15 S 83' 14' 59' E 144. 59 L16 N 77' 22' 21' E 112. 61 L17 N 54' 15' 34' E 116. 71 L18 N 35' 46' 02' E 116. 61 L17 N 54' 15' 34' E 16. 71 L18 N 35' 46' 02' E 16. 63 L9 N 12' 45' 05' E 163. 09 L20 S 76' 30' 38' E 97. 42 L21 S 10' 18' 35' V 127. 03 L22 S 69' 39' 21' E 125. 28 L23 S 22' 00' 03' V 106. 20 L24 N 64' 51' 05' V 138. 14 L25 S 33' 05' 00' V 97. 18 L26 S 55' 15' 26' V 112. 98 L27 S 64' 22' 12' V 105. 07 L28 S 75' 42' 23' V 99. 71 L29 N 79' 59' 49' V 32. 71 L30 S 25' 52' 38' V 69. 45 L31 S 58' 41' 01' V 102. 01 L32 S 42' 35' 40' E 95. 18 L33 S 26' 58' 37' E 121. 12 L34 S 9' 28' 01' E 57. 59 L35 S 77' 44' 28' V 89. 18 L36 N 04' 34' 34' V 47'. 49 L37 N 30' 31' 21' V 123. 10 L38 N 52' 23' 58' V 163. 87 L39 N 66' 53' 45' V 163. 87 L40 S 89' 06' 19' V 121. 27 | 15 | | | |
| L7 N 03' 14' 29' V 100. 52 L8 N 03' 14' 29' V 100. 52 L8 N 03' 48' 57' Ē 113. 52 L9 N 30' 46' 30' Ē 92. 57 L10 N 55' 27' 53' V 140. 29 L11 N 36' 06' 42' Ē 112. 51 L12 S 47' 15' 35' Ē 136. 72 L13 N 45' 37' 48' Ē 124. 57 L14 S 40' 11' 35' Ē 111. 56 L15 S 83' 14' 59' Ē 144. 99 L16 N 77' 22' 21' Ē 112. 61 L17 N 54' 15' 34' Ē 116. 71 L18 N 35' 46' 02' Ē 116. 69 L19 N 12' 45' 05' Ē 163. 09 L20 S 69' 39' 21' Ē 125. 28 L21 S 10' 18' 35' V 127. 03 L22 S 69' 39' 21' Ē 125. 28 L23 S 22' 00' 03' V 106. 20 L24 N 64' 51' 05' V 138. 14 L25 S 33' 05' 00' V 97. 14 L26 S 55' 15' 26' V 112. 98 L27 S 64' 22' 12' V 105. 07 L28 S 75' 42' 23' V 99. 71 L30 S 25' 52' 38' V 69. 45 L31 S 58' 41' 01' V 102. 01 L32 S 42' 35' 40' Ē 95. 18 L33 S 26' 58' 37' Ē 121. 12 L34 S 09' 28' 01' Ē 57. 59 L35 S 77' 44' 28' V 89. 18 L36 N 04' 34' 34' V 47. 49 L37 N 30' 31' 21' V 123. 10 L38 N 52' 23' 58' V 165. 07 L39 N 66' 53' 45' V 163. 07 L30 S 25' 23' 58' V 165. 07 L39 N 66' 53' 45' V 163. 07 L30 S 25' 23' 58' V 165. 07 | 16 | | | 105, 64 |
| L9 N 35' 46' 30' E 92. 57 L10 N 55' 27' 53' V 140. 29 L11 N 36' 06' 42' E 112. 51 L12 S 47' 15' 35' E 136. 72 L13 N 45' 37' 48' E 124. 57 L14 S 40' 11' 35' E 111. 56 L15 S 83' 14' 59' E 144. 99 L16 N 77' 22' 21' E 112. 61 L17 N 54' 15' 34' E 116. 71 L18 N 35' 46' 02' E 116. 71 L18 N 35' 46' 02' E 116. 71 L18 N 35' 46' 02' E 15. 28 L20 S 76' 30' 38' E 97. 42 L21 S 10' 18' 35' V 127. 03 L22 S 69' 39' 21' E 125. 28 L23 S 22' 00' 03' V 106. 20 L24 N 64' 51' 05' V 138. 14 L25 S 33' 05' 00' V 97. 18 L26 S 55' 15' 26' V 112. 98 L27 S 64' 22' 12' V 105. 07 L28 S 75' 42' 23' V 99. 71 L29 N 79' 59' 49' V 32. 71 L30 S 25' 52' 38' V 69. 45 L31 S 58' 41' 01' V 102. 01 L32 S 42' 35' 40' E 95. 18 L33 S 26' 58' 37' E 121. 12 L34 S 9' 28' 01' E 57. 59 L35 S 77' 44' 28' V 89. 18 L36 N 04' 34' 34' V 47. 49 L37 N 06' 53' 45' V 163. 87 L38 N 52' 23' 58' V 163. 87 L39 N 66' 53' 45' V 163. 87 L30 S 25' 52' 58' V 193. 194 L37 N 30' 31' 21' V 123. 10 L38 N 52' 23' 58' V 163. 87 L39 N 66' 53' 45' V 163. 87 L40 S 89' 06' 19' V 121. 27 | | | V | 100. 52 |
| L9 N 30'46'30' E 26. 37' L10 N 55'27'53' V 140. 29 L11 N 36'06' 42' E 112. 51 L12 S 47'15'35' E 136. 72 L13 N 45'37' 48' E 124. 57 L14 S 40'11'35' E 111. 56 L15 S 83'14'59' E 144. 99 L16 N 77'22'21' E 112. 61 L17 N 54'15'34' E 116. 71 L18 N 35'46'02' E 116. 69 L19 N 12'45'05' E 163. 09 L20 S 76'30'38' E 97. 42 L21 S 10'18'35' V 120. 33 L22 S 69'39'21' E 125. 28 L23 S 22'00'03' V 106. 20 L24 N 64'51'05' V 138. 14 L25 S 33'05'00' V 97. 18 L26 S 55'15'26' V 112. 98 L27 S 64'22'12' V 105. 07 L28 S 75'42'23' V 99. 71 L30 S 25'52'38' V 69. 45 L31 S 58'41'01' V 102. 01 L32 S 42'35' 40' E 95. 18 L33 S 26'58'37' E 121. 12 L34 S 09'28'01' E 55. 59 L35 S 77'44'28' V 89. 18 L36 N 04'34'34' V 47. 49 L37 N 30'31'21' V 123. 10 L38 N 52'23'58' V 145. 87 L39 N 65'53'45' V 169. 90 L39 N 52'23'58' V 145. 87 L39 N 65'53'45' V 169. 90 L39 N 65'53'45' V 169. 90 | | | E | |
| L10 N 55°27'53' V 140.29 L11 N 36°06'42' E 112.51 L12 S 47°15'35' E 136.72 L13 N 45°37'48' E 124.57 L14 S 40°11'35' E 111.56 L15 S 83°14'59' E 144.99 L16 N 77°22'21' E 112.61 L17 N 54'15'34' E 116.71 L18 N 35'46'02' E 116.69 L19 N 12'45'05' E 163.09 L20 S 76°30'38' E 97.42 L21 S 10°18'35' V 127.03 L22 S 69°39'21' E 125.28 L23 S 22°00'03' V 106.20 L24 N 64'51'05' V 138.14 L25 S 33'05'00' V 97.18 L26 S 55'15'26' V 112.98 L27 S 64'22'12' V 105.07 L28 S 75'42'23' V 99.71 L30 S 25'52'38' V 69.45 L31 S 38'41'01' V 102.01 L32 S 42'35'40' E 95.18 L33 S 26'58'37' E 121.12 L34 S 9°28'01' E 57.59 L35 S 77'44'28' V 89.18 L36 N 04'34'34' V 47.49 L37 N 30'31'21' V 123.10 L38 N 52'23'58' V 165.07 L38 N 52'23'58' V 165.07 | 1.9 | N 30° 46′ 30 | ľĒ | 92, 57 |
| L11 N 36°06′ 42″ E 112.51 L12 S 47°15′ 35″ E 136.72 L13 N 45°37′ 48″ E 124.57 L14 S 40°11′ 35″ E 111.56 L15 S 83°14′ 59″ E 144.99 L16 N 77°22′ 21″ E 112.61 L17 N 54°15′ 34″ E 116.71 L18 N 35°46′ 02″ E 116.69 L19 N 12°45′ 03″ E 163.09 L20 S 76°30′ 38″ E 97.42 L21 S 10°18′ 35″ V 127.03 L22 S 69°39′ 21″ E 125.28 L23 S 22°00′ 03″ V 106.20 L24 N 64°51′ 05″ V 138.14 L25 S 33°05′ 00″ V 97.18 L26 S 55°15′ 26″ V 112.98 L27 S 64°22′ 12″ V 105.07 L28 S 75°42′ 23″ V 99.71 L30 S 25°52′ 38″ V 69.45 L31 S 58°41′ 01″ V 102.01 L32 S 42°35′ 40″ E 95.18 L33 S 26°58′ 37″ E 121.12 L34 S 09°28′ 01″ E 95.18 L35 N 77°44′ 28″ V 89.18 L36 N 04°34′ 34″ V 47.49 L37 N 30°31′ 21″ V 123.10 L38 N 52°23′ 59″ V 145.87 L39 N 65°53′ 45″ V 169.90 L37 N 30°31′ 21″ V 123.10 L38 N 52°23′ 59″ V 145.87 L39 N 65°53′ 45″ V 169.90 | | N 55°27′53 | " V | 140, 29 |
| L12 S 47*15*35* E 136. 72 L13 N 45*37*48* E 124. 57 L14 S 40*11*35* E 111. 56 L15 S 83*14*59* E 144. 99 L16 N 77*22*21* E 112. 61 L17 N 54*15*34* E 116. 71 L18 N 35*46*02* E 116. 71 L18 N 35*46*02* E 16. 69 L19 N 12*45*05* E 163. 09 L20 S 76*30*38* E 97. 42 L21 S 10*18*35* W 127. 03 L22 S 69*39*21* E 125. 28 L23 S 22*00*03* W 106. 20 L24 N 64*51*05* W 138. 14 L25 S 33*05*00* W 97. 18 L26 S 55*15*26* W 112. 98 L27 S 64*22*12* V 105. 07 L28 S 75*42*23* W 99. 71 L29 N 79*59*49* W 32. 71 L30 S 25*52*38* W 69. 45 L31 S 58*41*01* V 102. 01 L32 S 42*35*40* E 95. 18 L33 S 26*58*37* E 121. 12 L34 S 09*28*01* E 57. 59 L35 S 77*44*28* W 89. 18 L36 N 04*34*34* W 47. 49 L37 N 30*31*21* V 123. 10 L38 N 52*23*58* W 145. 87 L39 N 66*53*45* W 161. 21. | | | | 112, 51 |
| L13 N 45'37' 48' E 124. 57 L14 S 40'11'35' E 111. 56 L15 S 83'14'59' E 144. 99 L16 N 77'22' 21' E 112. 61 L17 N 54'15'34' E 116. 71 L18 N 35'46' 02' E 116. 69 L19 N 12'45' 05' E 163. 09 L20 S 76'30' 38' E 97. 42 L21 S 10'18' 35' V 127. 03 L22 S 69'39' 21' E 125. 28 L23 S 22'00' 03' V 105. 20 L24 N 64'51' 05' V 138. 14 L25 S 33' 05' 00' V 97. 18 L26 S 55'15' 26' V 112. 98 L27 S 64'22' 12' V 105. 07 L28 S 75'42' 23' V 99. 71 L30 S 25'52' 38' V 69. 45 L31 S 58'41' 01' V 102. 01 L32 S 42'35' 40' E 95. 18 L33 S 26'58' 37' E 121. 12 L34 S 09'28' 01' E 57. 59 L35 S 77' 44' 28' V 89. 18 L36 N 04'34' 34' V 47. 49 L37 N 30'31' 21' V 123. 10 L38 N 52'23' 58' V 165. 97 L39 N 65'53' 45' V 163. 97 L39 N 65'53' 58' V 163. 99 L37 N 30'31' 21' V 123. 10 L38 N 52'23' 58' V 165. 97 L39 N 65'53' 45' V 163. 97 L39 N 65'53' 45' V 163. 97 L30 S 89'06' 19' V 121. 27 | L12 | | ' Ē | 136, 72 |
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SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7869

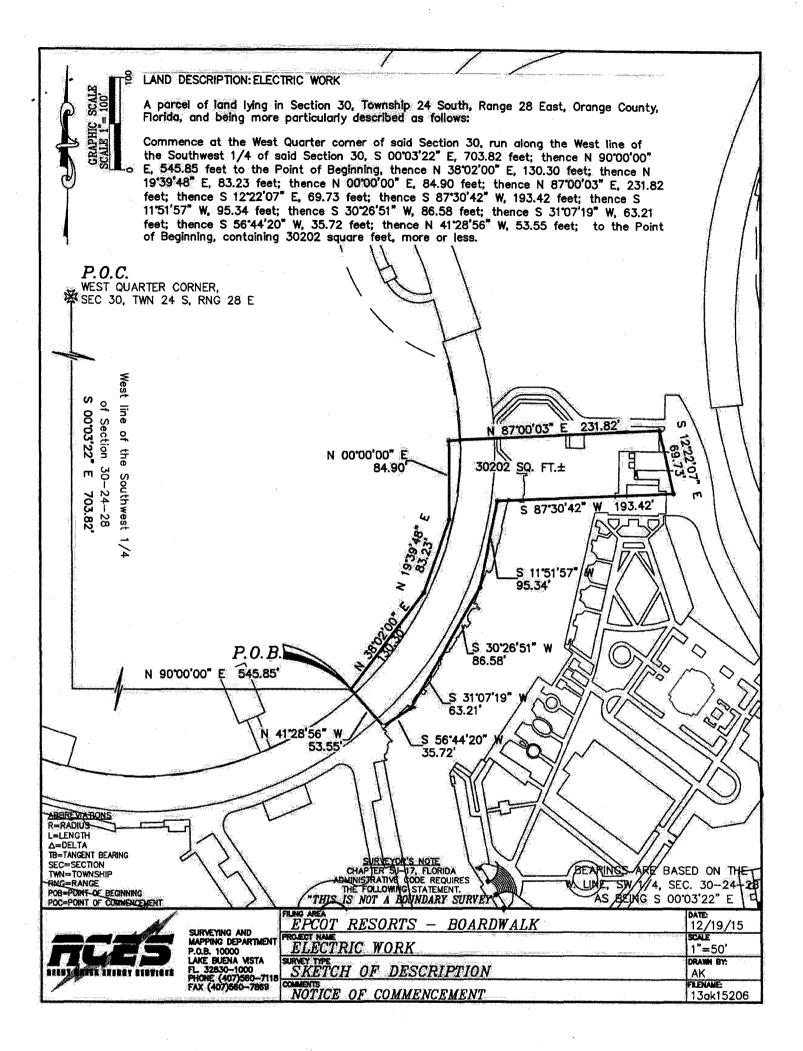
| PROJECT AREA HOTELS - ANIMAL KINGDOM | DATE: 02/28/11 |
|--|-------------------------|
| UNIT NAME AK LODGE | SCALE N/A |
| SHEET TILE SKETCH OF DESCRIPTION | DRAWN BY: |
| COMMENTS NOTICE OF COMMENCEMENT - SHEET 2 OF 2 | FILENAME: 04m f02587 |

Prepared by/record and return to:

Walt Disney World Resort Attn: Louis Gino Saravo P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150660267 B: 11031 P: 5117 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO



| | | NOTICE OF COMMENCEMENT | |
|---|--|--|-------------------------------------|
| State | of Flo | Florida, County of Orange | |
| The u | under | ersigned hereby gives notice that improvements will be made to certain real property, and in accordance oter 713, Florida Statutes, the following information is provided in this notice of commencement. | |
| 1. | Desc | scription of property: see attached | |
| 2. | Gen | neral description of improvements: Electrical | |
| 3. | Own | ner Information: | |
| 1.4 | (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): Maddox Electrical Co inc DBA Ermco of Florida PO box 22164,Lake Buena Vista Fla 32830 | qr. |
| | (b) | Contractor's phone number: 407-934-8084 | |
| 5. | Sure | | |
| | (a) (b) | · · | |
| | (c) | Amount of Bond: | |
| 6. | (a) | Lender (name and address): | |
| | (b) | | |
| 7. | (a) | | |
| | | may be served as provided by Section <u>713.13</u> (1)(a)7., Florida Statues: (name and address): Dave Ellis , Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 3283 | :0-1000 |
| | (b) | | 0-1000 |
| | | ,,,,,,,,,,,, | |
| | (a) | | |
| | (a) | In addition to himself or herself, Owner designates of to receive a copy of the Lienor's Notice as provided in Section <u>713.13</u> (1)(b), Florida Statutes.DavDav | a |
| | (b) | In addition to himself or herself, Owner designates of to receive a copy of the Lienor's Notice as provided in Section <u>713.13</u> (1)(b), Florida Statutes DavDe Phone number of person or entity designated by owner: | a |
| OF C | (b) Expi unle NING OMMI | In addition to himself or herself, Owner designates of to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes DavDe Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, | |
| WARI OF CO SECT IMPR POST CONS YOUR | (b) Expi unle NING OMMI TION 7 OVEN TED O SULT R NOT | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavDe Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING OTICE OF COMMENCEMENT. Signature of Owner Signatory's Printed Name/Title/Office | |
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| WARI OF CO SECT IMPR POST CONS YOUR | (b) Expired on the control of the co | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING DICE OF COMMENCEMENT. Signature of Owner Signatory's Printed Name/Title/Office wher's Authorized officer/Director/Partner/Manager) TONY PERCEY Signatory's Printed Name/Title/Office wher's Authorized officer/Director/Partner/Manager) TONY PERCEY ON THE YOUR PROPERTY OF THE PROPERTY OF THE NAME OF THE PROPERTY OF THE PROPERTY OF THE NAME OF THE PROPERTY OF THE PR | |
| WARI OF CO SECT IMPR POST CONS YOUR | (b) Expired on the control of the co | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes. DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): 3 TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING OTICE OF COMMENCEMENT. Signatory's Printed Name/Title/Office wher's Authorized office/IDirecto/Partner/Manager/ In instrument was acknowledged before me this and day of December 20 15 by Towy Percey Authorized Signatory Walt Disney World Resort | |
| WARI OF CO SECT IMPR POST CONS YOUR | (b) Expired on the control of the co | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): G TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, TWITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING OTICE OF COMMENCEMENT. Signature of Owner Signatory Walt Disney World Resort (name of party on behalf of whom instrument was executed) Signatory Public - State of Florida (Print, Type, or Stamp Cont listed Wife of Not 1941) Figure 1. The control of the party of | as WORTH |
| WARI OF CO SECT IMPR POST CONS YOUR | (b) Expirument of the control of the | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, I WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING OTICE OF COMMENCEMENT. Signature of Owner Signatory Walt Disney World Resort (name of party on behalf of whom instrument was executed) Signature of Indiany Public - State of Florida OR Produced ID | WORTH to of Florida |
| WARI OF CO SECT IMPR POST CONS YOUF | (b) Expired on the control of the co | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING DICE OF COMMENCEMENT. Signature of Owner Walt Disney World Resort (name of party on behalf of whom instrument was executed) Print, Type, or Stamp Corn listeled Microscopy Funder. Suppress A Commission of the Commission | WORTH of Florida pr 20, 2017 873592 |
| WARI OF CO SECT IMPR POST CONS YOUF | (b) Expirunte unle NING OMMI FION 7 COVEN FED O SULT R NOT (or Owr oregoing Type of | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): 3 TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING OTTICE OF COMMENCEMENT. Signature of Owner 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) Signature of North Public - State of Florida On pursuant to Section 92.525 Extrida Statutes: Under penalties of perjury, I declare that I have read | WORTH of Florida pr 20, 2017 873592 |
| WARI OF CO SECT IMPR POST CONS YOUF | (b) Expirunte unle NING OMMI FION 7 COVEN FED O SULT R NOT (or Owr oregoing Type of | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, IT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING DICE OF COMMENCEMENT. Signature of Owner Walt Disney World Resort (name of party on behalf of whom instrument was executed) Print, Type, or Stamp Corn listeled Microscopy Funder. Suppress A Commission of the Commission | WORTH of Florida pr 20, 2017 873592 |
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| WARI OF CO SECT IMPR POST CONS YOUF | (b) Expirunte unle NING OMMI FION 7 COVEN FED O SULT R NOT (or Owr oregoing Type of | In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavD. Phone number of person or entity designated by owner: piration date of notice of commencement (the expiration date is 1 year from the date of recording less a different date is specified): 3 TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR EMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, TWITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING DITICE OF COMMENCEMENT. Signature of Owner Signature of Owner Signature of Owner Authorized officeriDirector Partner/Manager) In instrument was acknowledged before me this day of December 20 Is by John Persey 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) Print, Type, or Stamp Commission of Education of the Commission of Education of the Commission of Education o | WORTH of Florida pr 20, 2017 873592 |
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i k

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 DOC# 20150660268 B: 11031 P: 5119 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO

(legal description of the property, & street address if available)



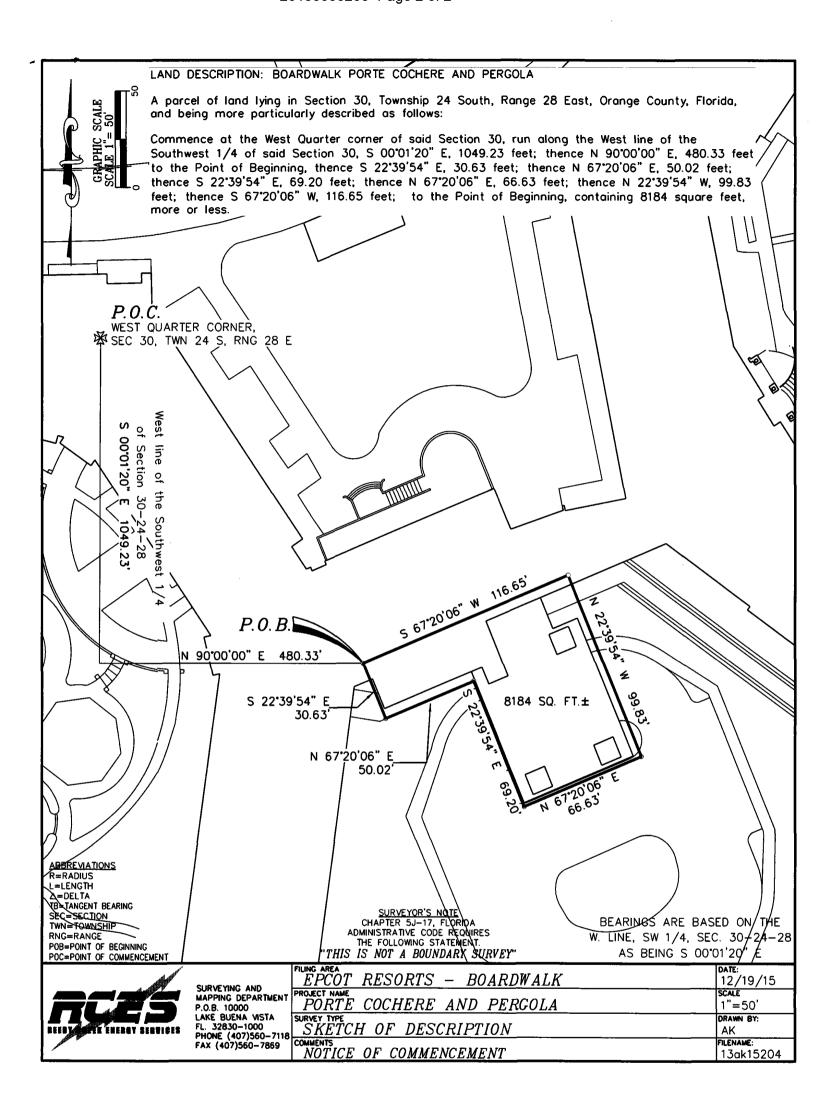
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

1. Description of property

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.

| See Attached | |
|--|--|
| 2. General description of improvement | |
| Roofing | |
| 3. Owner information of Lessee information if the Lessee contraction | cted for the improvement |
| Name: Walt Disney World Resort | · · · · · · · · · · · · · · · · · · · |
| Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Interest in Property: Owner | |
| Name & address of fee simple titleholder | (if different from Owner listed above) |
| Name: | |
| Address: | |
| 4. Contractor | |
| Name: Tecta America Corp/Tecta America SE | Telephone Number: (407) 330-9303 |
| Address: 588 Monroe Rd., Sanford, FL 32771 | |
| 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 upor | n whom notices or other documents may be served as |
| provided by Section 713.13(1)(b), Florida Statues. | · · · · · · · · · · · · · · · · · · · |
| 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 followi Section 713.13(1)(b), Florida Statues. | ing to receive a copy of the Lienor's Notice as provided by |
| Name: Anne Buchele | Telephone Number: 407-828-2165 |
| Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 9. Expiration date of notice of commencement | |
| (the expiration date may not be before the completion of constructi the date of recording unless a different date is specified) | ion and final payment to the contractor, but will be 1 year from |
| lup 17, 20 | 016 |
| Jun 17, 20 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER | |
| CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SE PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OB' ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTI | ECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR IE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON ITAIN FINANCING, CONSULT WITH YOUR LENDER OR AN |
| Under penalty fo perjury, I declare that I have read the foregoing true to the best of my knowledge and belief. | 1 |
| Cre an Dule | ANNE EM BUCHELE/PLANNER |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| The foregoing instrument was acknowledged before me this 21 | day of Dec 2015, by Anne EM Buchel |
| | |
| 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 |
| Romania | |
| Signature of Notary Public - State of Florida | Print, type, or stamp name of Notary Public |
| Signature of Notary Public - State of Fronta U | Thin, type, or stamp name of Notary Public |
| Personally known X OR Produced ID | Notary Public State of Florida |
| Personally known OR Produced ID | Bonnie L Craig |
| Type of ID Produced | My Commission FF 112965 Expires 04/22/2018 |
| Type of the Froduced | 01 1/4 CAPITOO UNIZZIZU 10 |



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 DOC# 20150660269 B: 11031 P: 5121 12/22/2015 12:47:46 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO

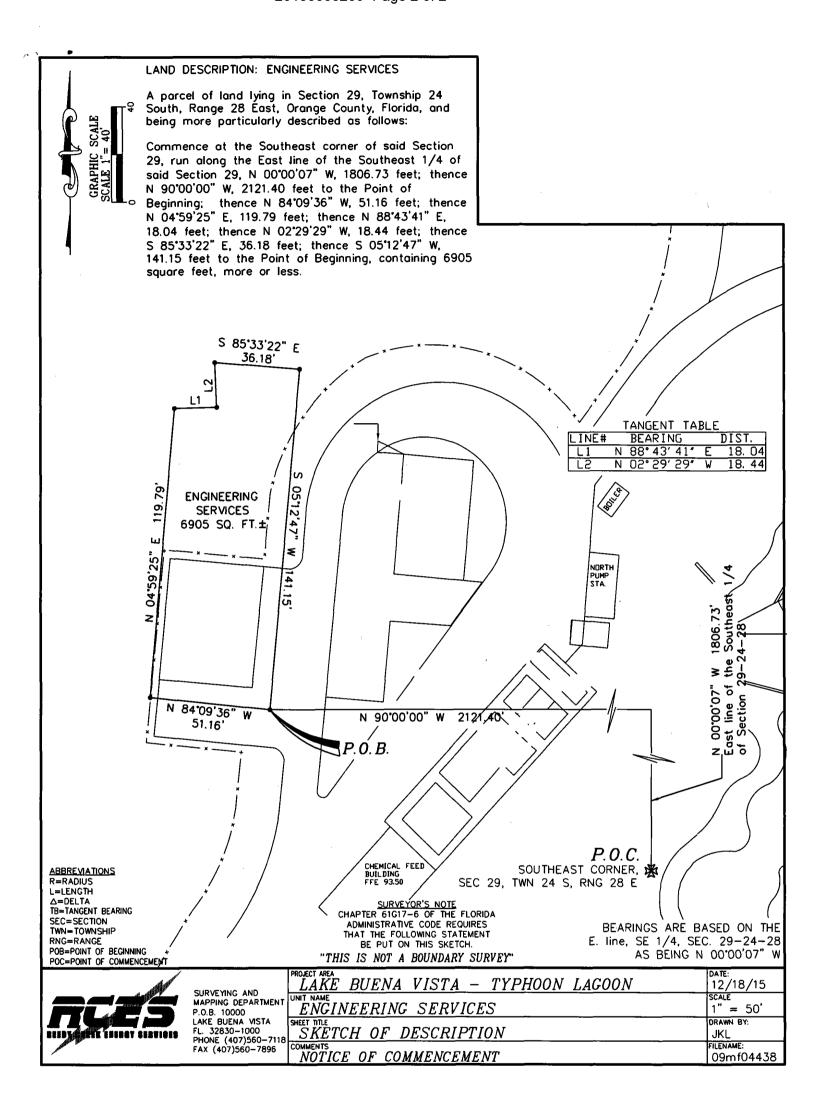


NOTICE OF COMMENCEMENT

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 Statues, the following information is provided in this Notice of Commencement.

| 1. | Description of property | (legal description of the property, & street address if available) |
|----------|---|--|
| | See Attached | |
| 2. | General description of improvement | |
| | Roofing | |
| 3. | Owner information of Lessee information if the Lessee contra | acted for the improvement |
| | Name: Walt Disney World Resort | |
| | Address: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | Interest in Property: Owner | —————————————————————————————————————— |
| | Name & address of fee simple titleholder | (if different from Owner listed above) |
| | Name: | |
| ′. | Address: | |
| 4. | Contractor | *************************************** |
| | Name: S&S Tile Roofing Company | Telephone Number: (407) 696-4334 |
| _ | Address: 2949 State Road 434, West, Longwood, FL 32779 | (Mary Barbla and Mary Mary Mary Mary Mary Mary Mary Mary |
| 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 upo provided by Section 713.13(1)(b), Florida Statues. | n whom notices or other documents may be served as |
| | Name: Judy Wells. Facility Asset Management (FAM) | Telephone Number: (407) 939-4631 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| | In addition to himself or herself, Owner designates the follow | |
| 8. | Section 713.13(1)(b), Florida Statues. | ining to receive a copy of the Lienor's Notice as provided by |
| | Name: Anne Buchele | Telephone Number: 407-828-2165 |
| | Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 |) |
| 9. | Expiration date of notice of commencement | |
| | (the expiration date may not be before the completion of construc | tion and final payment to the contractor, but will be 1 year from |
| | the date of recording unless a different date is specified) | |
| | Jun 10, 2 | 2016 |
| w | ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER | |
| CC | INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, S | ECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR |
| | YMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OI | |
| | TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NO | |
| | der penalty fo perjury, I declare that I have read the foregoing se to the best of my knowledge and belief. | notice of commencement and that the facts stated in it are |
| 7 | ACD A | 1 1.12 |
| <u>_</u> | he was a will | ANNE EM KUCHELE /PLANNER |
| | Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager | Signatory's Printed Name/Title/Office |
| | | st was 2015. Anna EN Buchla |
| The | e foregoing instrument was acknowledged before me this $\underline{\mathcal{A}\mathcal{Y}}$ | day of Dec 2015, by Anne EM Buch ele |
| | | ······································ |
| | Authorized Signatory fo | Walt Disney World Resort |
| as | Type of authority, e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrument was executed |
| | The additionary, e.g., officer, fluction, allowing in fluct | Traine of party of borian of whom more than the decouped |
| _ | Donnie Mail | |
| | Signature of Notary Public - state of Florida | Print, type, or stamp name of Notary Public |
| | \. | Notary Public State of Florida |
| Pe | rsonally knownOR Produced ID | > Bonnie L Craig |
| | | My-Commission FF 112965 Expires 04/22/2018 |
| Ту | pe of ID Produced | CAPACION DAILACIONE |



01505602/0 B: 11031 F: 3123 015 12:47:46 PM Page 1 of 2 1. \$18.50 0. Haynie, Comptroller County, FL t To: WALT DISNEY WORLD CO Permit Number:

Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Steven Boyer P.O. Box 10000

Type of ID Produced

Lake Buena Vista, FL 32830-1000

Document Number: 20150051362

Book Number: 10868

Page Number: 57103

AMENDEMENT TO 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 Statues, the following information is provided in this Notice of Commencement.

| ed for the improvement |
|--|
| |
| |
| The state of the s |
| (if different from Owner listed above) |
| |
| |
| |
| Telephone Number: 407-363-0059 |
| dinin |
| (if applicable, a copy of the payment bond is attached) |
| Telephone Number: |
| Amount of Bond \$ |
| |
| Telephone Number: |
| |
| hom notices or other documents may be served as |
| Telephone Number: (407) 939-4631 |
| IIII |
| to receive a copy of the Lienor's Notice as provided by |
| Telephone Number: (407)939-4530 |
| |
| and final payment to the contractor, but will be 1 year from |
| |

Dec 15, 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 STATUES, AND CAN RESULT IN YOUR PAYMENT 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 to perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are

Authorized Signatory for Walt Disney World Resort

Type of authority e.g., officer, trustee altomey in fact

Signature of Notary Public - State of Florida

Personally known

OR Produced ID

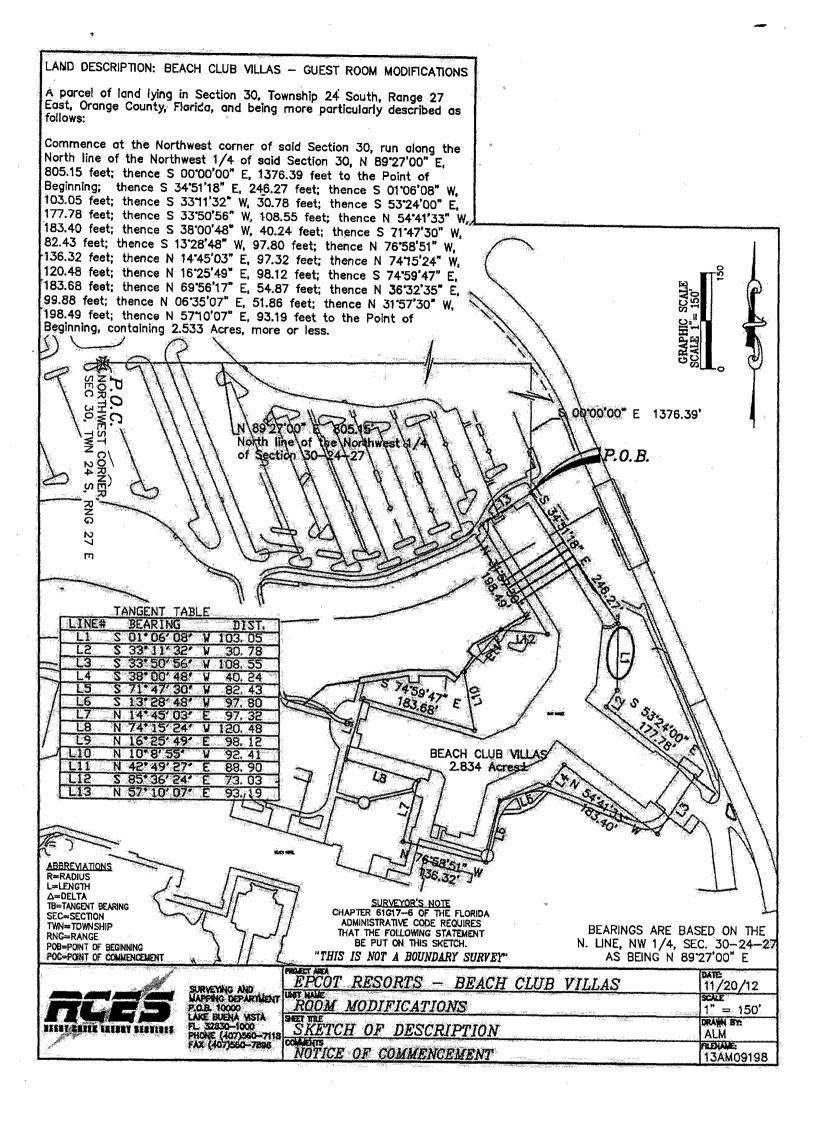
Walt Disney World Resort

Name of party on behalf of whom instrument was executed

Print, type, or stamp name of Notary Public

Notary Public State of Florida





DOC # 20150660348 B: 11031 P: 5366 12/22/2015 13:15 PM Page 1 of 4 Permit Number: Rec Fee: \$35.50 Deed Doc Tax: \$0.00 Folio/Parcel ID #: Mortgage Doc Tax: \$0.00 Prepared by: Nicholas Frasca Intangible Tax: \$0.00 Associate Contract Administrator Martha O. Haynie, Comptroller Orange County, FL Return to: Nicholas Frasca Ret To: CSC INC WDI - 1365 Avenue of the Stars P.O. Box 10321, 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) Ref. Attach.B for Description of Property 2. General description of improvement Wilderness Rehab - Construction of Cabins 8001-8026 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney Imagineering Address P.O. Box 10321, Lake Buena Vista, FL 32830 Interest in Property Fee Simple Name and address of fee simple titleholder (if different from Owner listed above) Name N/A Address N/A 4. Contractor Name Ref. Attach.A for multiple IPD Agrmt. Parties

Amount of Bond \$ Not Required 6. Lender Name NONE Telephone Numbe<u>r N/A</u> Address N/A 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.

Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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 Contract Accounting Telephone Number 407-560-7858

Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321 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) August 31, 2018

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 ANATTONNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

J. GUTCH FOL VP & GM Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 21 day of 12c by John C. Blitch name of person

as Vice President & GM for Walt Disney Imagineering Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Pllino arwyn Im O

Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

_OR Produced ID _ Personally Known -Type of ID Produced

5. Surety (if applicable, a copy of the payment bond is attached)

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

_Telephone Number N/A

Telephone Number N/A

Telephone Number<u>407-560-7</u>858

Form content revised: 10/17/12

Address N/A

Address N/.A

Name Not Applicable

Name Russell Stokes

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| Owner Walt Disney Parks and Resorts (US), Inc., d/b/a Walt Disney Imagineering | John C. Blitch Vice President & General Manager Walt Disney Parks and Resorts (US), Inc. dba Walt Disney Imagineering |
|--|---|
| | 1365 Avenue of the Stars |
| | Lake Buena Vista, FL 32830 |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

| Construction Manager/General Contractor DPR Construction, A General Partnership | Scott Lyons Regional Manager DPR Construction, A General Partnership 4700 Millenia Blvd, Suite 350 Orlando, FL 32839 |
|---|--|
| Architect GSB, Inc. | Ron G. Smith President GSB, Inc. 3555 NW 58th St, Suite 700W Oklahoma City, OK 73112 |
| Interior Design Partner Design Group Carl Ross | Rosanna O. Ross Chief Operating Officer Design Group Carl Ross 115 Main Street El Segundo, CA 90245 |
| Landscape Design Partner Perry Becker Design LLC | David Perry Perry Becker Design LLC 3660 Maguire Blvd. Suite 100 Orlando, Fl. 32803 |
| Civil Engineer Design Partner Atkins North America, Inc. | Kathleen Leo Vice President Atkins North America, Inc. 482 S. Kelly Road Orlando, FL 32810 |

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical- HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| - | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |

Attachment "B"

Description of Property

Cabin 8001 – 965 Timberline Drive, Bay Lake, FL 32830 Cabin 8002 - 963 Timberline Drive, Bay Lake, FL 32830 Cabin 8003 – 961 Timberline Drive, Bay Lake, FL 32830 Cabin 8004 – 959 Timberline Drive, Bay Lake, FL 32830 Cabin 8005 – 957 Timberline Drive, Bay Lake, FL 32830 Cabin 8006 – 955 Timberline Drive, Bay Lake, FL 32830 Cabin 8007 – 953 Timberline Drive, Bay Lake, FL 32830 Cabin 8008 – 951 Timberline Drive, Bay Lake, FL 32830 Cabin 8009 – 949 Timberline Drive, Bay Lake, FL 32830 Cabin 8010 – 947 Timberline Drive, Bay Lake, FL 32830 Cabin 8011 – 945 Timberline Drive, Bay Lake, FL 32830 Cabin 8012 – 943 Timberline Drive, Bay Lake, FL 32830 Cabin 8013 – 799 Timberline Drive, Bay Lake, FL 32830 Cabin 8014 – 797 Timberline Drive, Bay Lake, FL 32830 Cabin 8015 - 795 Timberline Drive, Bay Lake, FL 32830 Cabin 8016 - 793 Timberline Drive, Bay Lake, FL 32830 Cabin 8017 - 791 Timberline Drive, Bay Lake, FL 32830 Cabin 8018 – 789 Timberline Drive, Bay Lake, FL 32830 Cabin 8019 – 787 Timberline Drive, Bay Lake, FL 32830 Cabin 8020 – 785 Timberline Drive, Bay Lake, FL 32830 Cabin 8021 – 783 Timberline Drive, Bay Lake, FL 32830 Cabin 8022 – 781 Timberline Drive, Bay Lake, FL 32830 Cabin 8023 - 779 Timberline Drive, Bay Lake, FL 32830 Cabin 8024 – 777 Timberline Drive, Bay Lake, FL 32830 Cabin 8025 – 775 Timberline Drive, Bay Lake, FL 32830 Cabin 8026 – 773 Timberline Drive, Bay Lake, FL 32830

| | DOC # 20150660434 B: 11031 P: 5595 |
|--|--|
| Permit Number: | Rec Fee: \$27.00 |
| Folio/Parcel ID #: | Deed Doc Tax: \$0.00 |
| Prepared by: Nicholas Frasca | Mortgage Doc Tax: \$0.00 |
| Associate Contract Administrator | Intangible Tax: \$0.00 |
| Associate Contract Administrator | Martha O. Haynie, Comptroller |
| Return to: Nicholas Frasca | Orange County, FL |
| WDI - 1365 Avenue of the Stars | Ret To: CSC INC |
| P.O. Box 10321, Lake Buena Vista, FL 32830 | |
| P.O. BOX 10321, Lake Buella Vista, PL 32030 | |
| NOTICE OF COMMENCEMENT | |
| State of Florida, County of Orange | |
| The undersigned hereby gives notice that improvement will be made | |
| with Chapter 713, Florida Statutes, the following information is provi | vided in this Notice of Commencement. |
| Description of property (legal description of the property, and 901 Timberline Drive, Bay Lake, FL 32830 | street address if available) |
| General description of improvement Wilderness Rehab - Package #6 - Interior & Exterior Renovation | on |
| Owner information or Lessee information if the Lessee con Name Walt Disney Imagineering | tracted for the improvement |
| Address P.O. Box 10321, Lake Buena Vista, FL 32830 | |
| Interest in Property Fee Simple | |
| Name and address of fee simple titleholder (if different from | Owner listed above) |
| Name N/A | <u> </u> |
| Address N/A | |
| 4. Contractor | _ |
| Name Ref. Attach.A for multiple IPD Agrmt. Parties | Telephone Number N/A |
| Address N/A | |
| 5. Surety (if applicable, a copy of the payment bond is attached) | " |
| Name Not Applicable | Telephone Number N/A |
| Address N/.A | Amount of Bond \$ Not Required |
| 6. Lender | · · · · · · · · · · · · · · · · · · · |
| Name NONE | Telephone Number N/A |
| Address N/A | |
| 7. Persons within the State of Florida designated by Owner u | pon whom notices or other documents may |
| be served as provided by §713.13(1)(a)7, Florida Statutes. | , |
| Name Russell Stokes | Telephone Number 407-560-7858 |
| Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena V | /ista, FL 32830-0321 |
| 8. In addition to himself or herself, Owner designates the followed | |
| Notice as provided in §713.13(1)(b), Florida Statutes. | ownig to room a copy or the month. |
| Name Contract Accounting | Telephone Number 407-560-7858 |
| Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena V | /ista_FL_32830-0321 |
| 9. Expiration date of notice of commencement (the expiration | |
| construction and final payment to the contractor, but will be 1 y | |
| · · · · · · · · · · · · · · · · · · · | real from the date of recording diffess a |
| different date is specified) August 31, 2018 | |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SI RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERT RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION WITH YOUR LENDER OR AN ANTONIO PERPIPE COMMENCING WORK OR | ECTION 713.13, FLORIDA STATUTES, AND CAN TY. A NOTICE OF COMMENCEMENT MUST BE DN. IF YOU INTEND TO OBTAIN FINANCING, CONSULT |

J. BYICH

month/year

for Walt Disney Imagineering

VP & GM

Name of party on behalf of whom instrument was executed

Print, type, or stamp commissioned name of Notary Public

Signatory's Title/Office

name of person

CAROLYN MARY BELLING

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

FOR

The foregoing instrument was acknowledged before me this \(\frac{1}{2} \) day of \(\frac{Dcc_\cdots}{by John C. Blitch} \)

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Form content revised: 10/17/12

Type of ID Produced

as Vice President & General Manager

Type of authority, e.g., officer, trustee, attorney in fact

Signature of Notary Public - State of Florida

Personally Known ____OR Produced ID __

Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

| Owner | John C. Blitch |
|---|--|
| Walt Disney Parks and Resorts (US), Inc., | Vice President & General Manager |
| d/b/a Walt Disney Imagineering | Walt Disney Parks and Resorts (US), Inc. |
| | dba Walt Disney Imagineering |
| | 1365 Avenue of the Stars |
| | Lake Buena Vista, FL 32830 |

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:

| Construction Manager/General Contractor DPR Construction, A General Partnership | Scott Lyons Regional Manager DPR Construction, A General Partnership 4700 Millenia Blvd, Suite 350 Orlando, FL 32839 |
|---|--|
| Architect GSB, Inc. | Ron G. Smith President GSB, Inc. 3555 NW 58th St, Suite 700W Oklahoma City, OK 73112 |
| Interior Design Partner Design Group Carl Ross | Rosanna O. Ross Chief Operating Officer Design Group Carl Ross 115 Main Street El Segundo, CA 90245 |
| Landscape Design Partner Perry Becker Design LLC | David Perry Perry Becker Design LLC 3660 Maguire Blvd. Suite 100 Orlando, FL 32803 |
| Civil Engineer Design Partner Atkins North America, Inc. | Kathleen Leo Vice President Atkins North America, Inc. 482 S. Kelly Road Orlando, FL 32810 |

20150660434 Page 3 of 3

| Mechanical, Electrical, Plumbing & Fire | Ryan B. Strandquest |
|---|---------------------------------------|
| Protection Engineer Design Partner | Sr. Vice President |
| Matern Professional Engineering, Inc. | Matern Professional Engineering, Inc. |
| | 130 Candace Dr. |
| | Maitland, FL 32751 |
| Mechanical- HVAC/Plumbing Trade Partner | Andre' E. Maillho |
| MCC Mechanical LLC | General Counsel |
| | MCC Mechanical LLC |
| | 3306 Maggie Blvd., Suite A |
| | Orlando, FL 32811 |
| | |
| Electrical Contractor Trade Partner | Robert Moreno |
| Bergelectric Corp. | Vice President |
| | Bergelectric Corp. |
| | 5560 W Centinela Avenue |
| | Los Angeles, CA 90045 |
| Site Development Contractor Trade Partner | P. Frederick O'Dea Jr. |
| Hubbard Construction Co., Inc. | Vice President and Secretary |
| | Hubbard Construction Co., Inc. |
| | 1936 Lee Road, #300 |
| | Orlando, FL 32811 |
| | |

DOC # 20150661263 B: 11031 P: 7609 12/23/2015 08:36 AM Page 1 of 1 Rec Fee: \$10.00

Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller Orange County, FL

Permit Number: Folio/Parcel Identification Number: Prepared by: Maria McCabe

| Buena Vista Construction Company | Ret To: SIMPLIFILE LC |
|--|--|
| Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| | |
| NOTICE OF COMMENC | EMENT |
| State of Florida, County of Orange | |
| The undersigned hereby gives notice that improvement will be mad | le to certain real property, and in accordance |
| with Chapter 713, Florida Statutes, the following information is prov | rided in this Notice of Commencement. |
| Description of property (legal description of the property, and s MK EER P7B EXP, 2000 Tunnel Way JFMK6071 | street address if available) |
| 2. General description of improvement | |
| Provide labor, material and/or electrical for construction | |
| 3. Owner information or Lessee information if the Lessee cont | tracted for the improvement |
| Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| Address P.O. Box 10000, Lake beena vista, rt. 32030 | |
| Interest in Property Name and address of fee simple titleholder (if different from | Owner listed shows |
| | |
| Name | |
| Address 4 Contractor | |
| Name Buena Vista Construction Company | Telephone Number 407-934-6070 |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830 Surety (if applicable, a copy of the payment bond is attached) | |
| 5. Surety (if applicable, a copy of the payment bond is attached) | |
| Name Address | Telephone Number |
| Address | Amount of Bond \$ |
| 6 Lender | |
| Name | Telephone Number |
| Address | |
| 7. Persons within the State of Florida designated by Owner up | pon whom notices or other documents may |
| be served as provided by §713.13(1)(a)7, Florida Statutes. | |
| Name Dave Ellis, Mgr. Sourcing & Procurement Address P.O. Box 10000, Lake Buens Vista, FL 32830 | Telephone Number 407-828-3582 |
| Address P.O. Box 10000, Lake Buena Vista, Ft. 32830 | 64k 6 12 |
| 8. In addition to himself or herself, Owner designates the follo | owing 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 | releptione Number 407-334-0070 |
| Expiration date of notice of commencement (the expiration of the expiration of | date may not be before the completion of |
| construction and final payment to the contractor, but will be 1 ye | ear from the date of recording unless a |
| | |
| different date is specified) | willianilian consent |
| WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE E | EXPIRATION OF THE NOTICE OF COMMENCEMENT |
| ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SE | ECTION 713.13, FLORIDA STATUTES, AND CAN |
| RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERT' RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTIO | Y, A NOTICE OF COMMENCEMENT MIGST BE IN. IF YOU INTEND TO OBTAIN FINANCING, CONSULT |
| WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR I | RECORDING YOUR NOTICE OF COMMENCEMENT. |
| | |
| Under penalty of perjury, I declare that I have read the foregoin | ng notice of commencement and that the |
| facts stated in it are true to the best of my knowledge and belie | ef. |
| Polita UV | • |
| Xalli Muni | Manager Signatory's Title/Office |
| Signature of Creater or Lessee, or Owner's or Lessee's Authorized Officer/Director/P | Partner/Manager Signatory's Title/Office |
| The foregoing instrument was acknowledged before me this 22 d | lay of Dec 15 by Bob Knecht |
| The follogoing manufacture was authorized god belove mig this a | month/year name of person |

for Buena Vista Construction Company as Manager Name of party on behalf of whom instrument was executed Type of suthority eig., officer, trustee, attorney in fact Maria McCabe Print type or stamp commissioned name of Notary Public Signature of Notary Public - State of Florida

Personally Known X
Type of ID Produced _OR Produced Notary Public State of Florida Maria McCabe My Commission FF 082922 Rappes 02/09/2018

Form Revised: September 26, 2011

DOC # 20150661299 B: 11031 P: 7722 12/23/2015 08:44 AM Page 1 of 1

Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

Permit Number: Folio/Parcel Identification Number: Prepared by: Maria McCabe **Buena Vista Construction Company** 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) TL Castaway Creek Wayfinding, 1174 E Buena Vista Dr. BL JFTL6019 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) Name Telephone Number Address Amount of Bond \$ 6. Lender Name. Telephone Number 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 Colleen M Ladd, Construction Manager Telephone Number 407-934-6070 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 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. Irkauli Manager Signature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office month/year for Buena Vista Construction Company as Manager

The foregoing instrument was acknowledged before me this 22 day of Dec 15 by Bob Knecht

Type of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

Maria McCabe of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

OR Produced ID Personally Known X

Type of ID Produced

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

Form Revised: September 26, 2011

| Permit Number: Folio/Parcel Identification Number: Prepared by: Maria McCabe Buena Vista Construction Company | DOC # 20150661301 B: 11031 P: 7724 12/23/2015 08:44 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 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 | ooio |
| Total to | ······ |
| | ***** |
| NOTICE OF COMIV | IËNCEMENT |
| State of Florida, County of Orange | |
| The undersigned hereby gives notice that improvement will b | e made to certain real property, and in accordance |
| with Chapter 713, Florida Statutes, the following information i | |
| 1. Description of property (legal description of the property | and street address if available) |
| MK Pirates LED Lights, 4875 Caribbean Way JFMK609 | 4 |
| 2. General description of improvement | |
| Provide labor, material and/or electrical for construction | |
| 3. Owner Information or Lessee Information if the Lesse | a 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 differen | |
| Name | |
| Address | |
| Contractor Name Buena Vista Construction Company | Tolombono Number 407 034 6070 |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830 | Telephone Number 407-934-6070 |
| 5. Surety (if applicable, a copy of the payment bond is attact | |
| | |
| Name Address | Telephone Number Amount of Bond \$ |
| Address6. Lender | ANOTHER OF DOTAL TO AND THE PROPERTY OF THE PR |
| Name | Telephone Number |
| Address | |
| 7. Persons within the State of Florida designated by Ow | ner upon whom notices or other documents may |
| be served as provided by §713.13(1)(a)7, Florida State | |
| Name Dave Ellis, Mgr., Sourcing & Procurement | 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 th | e 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 <u>407-934-6070</u> |
| Address P.O. Box 10000, Lake Buena Vista, Florida 3283 | |
| Expiration date of notice of commencement (the expired) | |
| construction and final payment to the contractor, but will t | 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 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's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22 day of Dec 15 by Bob Knecht month/year name of person as Manager for Buena Vista Construction Company

Name of party on behalf of whom instrument was executed Maria McCabe

Signature of Notary Public – State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced Type of ID Produced

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

Form Revised: September 26, 2011