Permit Number:		DOC # 20150455931 B: 10975 P: 6217 08/31/2015 10:22 AM Page 1 of 2 Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller
	turn to: Lance Hanson	—— Orange County, FL
	DI - 1365 Avenue of the Stars	Ret To: CSC INC
<u>P.</u>	O. Box 10321, Lake Buena Vista, FL 32830	
	NOTICE OF COMMENCEME	NT
Sta	ate of Florida, County of Orange The undersigned hereby	
ce	rtain real property, and in accordance with Chapter 713, F	lorida Statutes, the following information is
	ovided in this Notice of Commencement.	
1.	Description of property (legal description of the proper 1400 Magic Kingdom Drive, Lake Buena Vista, FL 328)	
2.	General description of improvement MK HUB - Castle Stage Power	
3.	Owner information or Lessee information if the Less	ee 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 Name N/A	ent from Owner listed above)
	Address N/A	
4.	Contractor Name Ref. Att. A for multiple IPD Agrmt. Parties Address N/A	Telephone Number_ N/A
5	Surety (if applicable, a copy of the payment bond is atta	ched\
J.	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.		
	be served as provided by §713.13(1)(a)7, Florida Sta	etutes.
	Name Russell Stokes	Telephone Number 407-560-7858
_	Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake E	
8.	In addition to himself or herself, Owner designates	
	Notice as provided in §713.13(1)(b), Florida Statutes	
	Name Contract Accounting Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake E	Telephone Number 407-560-7858
	Expiration date of notice of commencement (the exp	
9.	construction and final payment to the contractor, but will different date is specified) November 17, 2015	
AR RE	ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT E CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, P. SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR P. CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IN TH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WO	ART I, SECTION 713.13, FLORIDA STATUTES, AND CAN ROPERTY. A NOTICE OF COMMENCEMENT MUST BE SPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT ORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
		Vice President & GM
	nature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/	Δ T
	e foregoing instrument was acknowledged before me this	month/yeaf name of person
as	Vice President & GM for Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
1	Signature of Notary Public – State of Florida	Print, type, or starry commissioned name of Notary Public
D-	ersonally KnownOR Produced ID	NOTARY PUBLIC
	resonally KnownOR Produced ID	STATE OF FLORIDA
ıу	po of its i focused	Comm# FF099835 Expires 7/5/2018

Attachment "A"

This NOC pertains to a Tri Party IPD (Integrated Project Delivery) contract for MK HUB Refresh 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 Tri Party IPD agreement:

Architect	Michael K. Chatham, President
HHCP Architects	HHCP Architects
	120 N Orange Avenue
	Orlando, Florida 32801
Construction Manager/General Contractor	Michael Parks, Vice President
Hoar Construction, LLC	Hoar Construction, LLC
	111 North Orange Avenue Suite 1150
	Orlando, Florida 32801

Walt Disney World Resort Attn: P.O. Box 10000 DOC# 20150455946 B: 10975 P: 6242 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

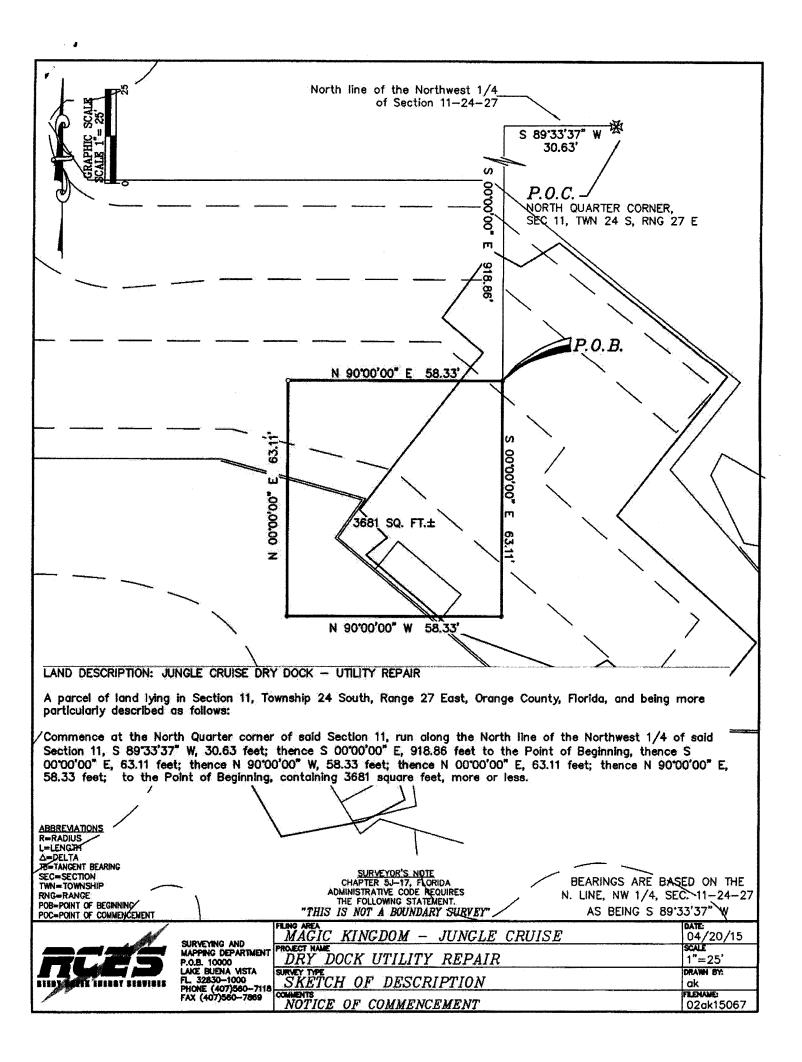


	Lak	e Buer	na Vista, FL 32830-1000	MAN 111 MAN 111 111 111 111 111 111 111 111 111 1
			Permit No.	Tax Folio No.
			NOTICE OF	COMMENCEMENT
	Stat	e of Fl	orida, County of Orange	
	The with	under Chapt	signed hereby gives notice that improve ter 713, Florida Statutes, the following in	ments will be made to certain real property, and in accordance formation is provided in this notice of commencement.
	1.	Des	cription of property: Legal description att	ached.
	2.	Gen	eral description of improvements; Mech	anical
	3.	Owr (a)	ner Information: Name and address: Walt Disney Worl	d Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
		(c) (p)	Interest in property: Owner Name and address of fee simple titleh	older (if other than Owner):
	4.	(a)	Contractor (name and address): Page	Piping, Inc. post office box 22180, lake buena vista, fl 32830
		(b)	Contractor's phone number: 407-828-	0175
	5.	Sure (a) (b) (c)	ety: 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 713.13 (1)(a)7., Florida Statues: (name and address): Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 s: (407) 828-3582
8.		(a) (b)	In addition to himself or herself, Owne 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.		iration date of notice of commencement ess a different date is specified): 5-04-20	(the expiration date is 1 year from the date of recording
	OF C SEC IMPF POS CON YOU	COMMITTION TO THE COMMITTED CONTROLLER NOT COMMITTED COM	ENCEMENT ARE CONSIDERED IMPR 713.13 , FLORIDA STATUTES, AND COMENTS TO YOUR PROPERTY. A NOTION THE JOB SITE BEFORE THE FIRST WITH YOUR LENDER OR AN ATTOR TICE OF COMMENCEMENT. Signature of Owner ner's Authorized officer/Director/Partner/Manager) g instrument was acknowledged before me this	Do Weseller Dice 700 Signatory's Printed Name/Title/Office 31 day of July 20 15 by Don Weschler as
			Authorized Signatory	Walt Disney World Resort

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

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

(Iname of party pa

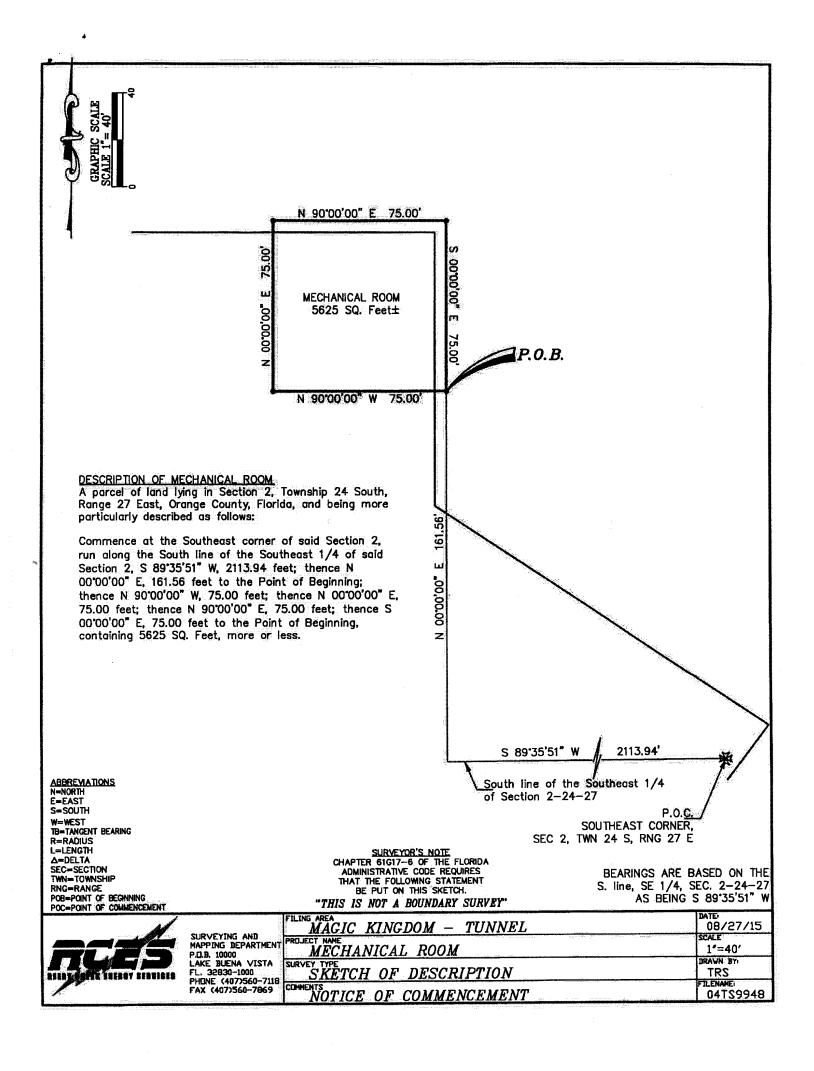


Walt Disney World Resort Attn P.O. Box 10000 Lake Buena Vista, El. 32830-1000 DOC# 20150455947 B: 10975 P: 6244 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



	Permit No Tax Folio No
	NOTICE OF COMMENCEMENT
Stat	e of Florida, County of ORANGE
	undersigned hereby gives notice that improvements will be made to certain real property, and in accordance Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.
١.	Description of property: LEGAL DESCRIPTION ATTACHED
2.	General description of improvements: MECHANICAL
3.	Owner Information: (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
	(b) Interest in property: Owner (c) Name and address of fee simple titleholder (if other than Owner):
i,	(a) Contractor (name and address): WW GAY MECHANICAL 3220 39TH ST. ORLANDO, FLORIDA 32839
	(b) Contractor's phone number: 407-841-4670
5 ₆	Surety: (a) Name and address: (b) Phone number: (c) Amount of Bond:
S.,	(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 713.13 (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 BEN ALGEE of MAGIC KINGDO 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: 407-824-7921
).	Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):
F C ECT APR OST ON:	NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, FION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR COVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND FED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, SULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING R NOTICE OF COMMENCEMENT. Signature of Owner (or Owner's Authorized officer/Director/Partner/Manager) regoing instrument was acknowledged before me this 28 day of August 20 15 by Day Weschiler, as
ne 10	Authorized Signatory Walt Disney World Resort (Type of authority, e.g., officer, pushes, attorney in-fact) (name of party on behalf of whom instrument was executed)
j	Milde Lu Letarra Signsture of Notary Public State Florida (Print, Type, or Stamp Commissioned Name of Notary Public)
	Personally Known OR Produced ID Nilda Lee E

Signature of Natural Person Signing Above



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

DOC# 20150455948 B: 10975 P: 6246 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

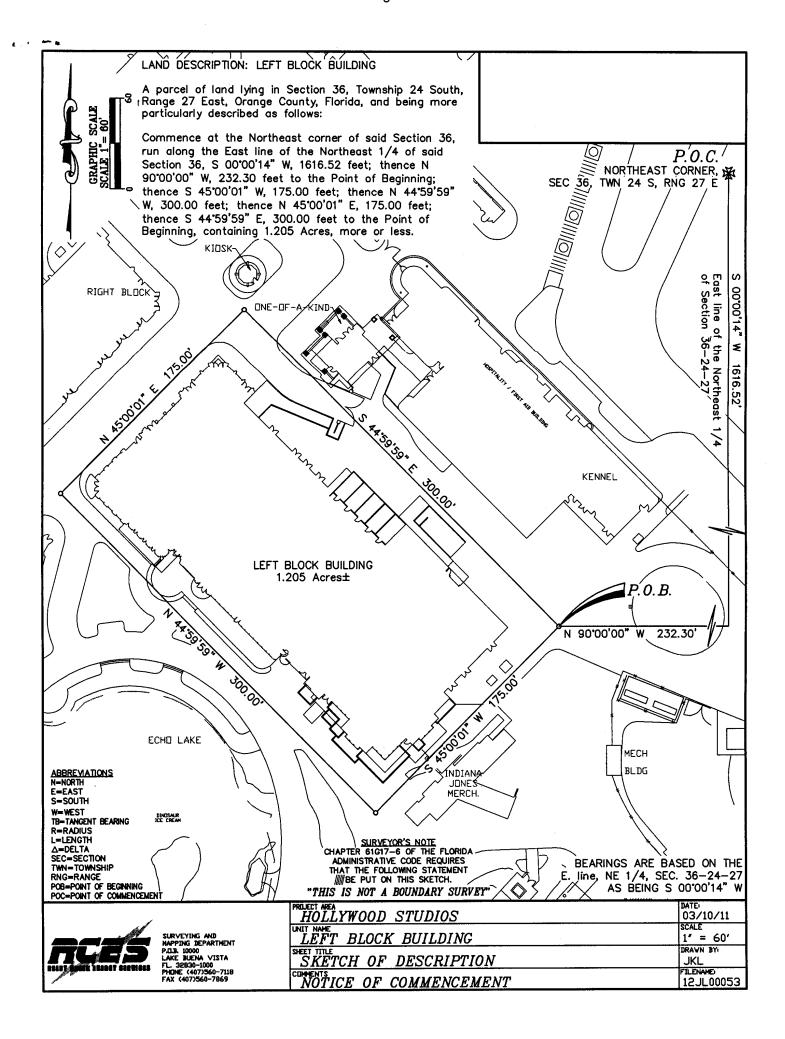


NOTICE OF COMMENCEMENT

The 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, and street address if available)

	Please see attached legal description.	
2.	General description of improvement	
	Electrical	
3.	Owner information or Lessee information if the Lessee contracted f	or the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from Owner	r listed above)
	Name	
	Address	
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 \$
3.	Lender	
	Name	Telephone Number
	Address	
7.	Persons within the State of Florida designated by Owner upon who	m notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following to	receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Cynthia Reese	Telephone Number 407-939-4808
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date may	y not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date of rec	cording unless a different date is specified)
	12/25/2015	
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATI NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, F VING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCE E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINAN FORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMEN	FLORIDA STATUTES, AND CAN RESULT IN YOUR EMENT MUST BE RECORDED AND POSTED ON ICING, CONSULT WITH YOUR LENDER OR AN
	der penalty of perjury, I declare that I have read the foregoing notice ited in it are true to the best of my knowledge and belief. Striature of Owner or Lessee, or Owner's or Signatory	(. 1 <u>)</u>
Le	Ssee' Authorized Officer/Director/Partner/Manager	
Γhe	e foregoing instrument was acknowledged before me this day or	Jonth/year by Cyurkis TEEC &
	Authorized Signatory for	Walt Disney World Resort
as		rty on behalf of whom instrument was executed
_	Signature of Notary Public - State of Florida Print,	type, or stamp name of Notary Public
F	Personally Known V OR Produced ID	Notary Public State of Florida Kelly L Nobles
1	Type of ID Produced	My Commission EE 220221 Of no Expires 07/29/2016



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

DOC# 20150455949 B: 10975 P: 6248 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

nature of Notary Public - State of Florida

Personally Known

Type of ID Produced

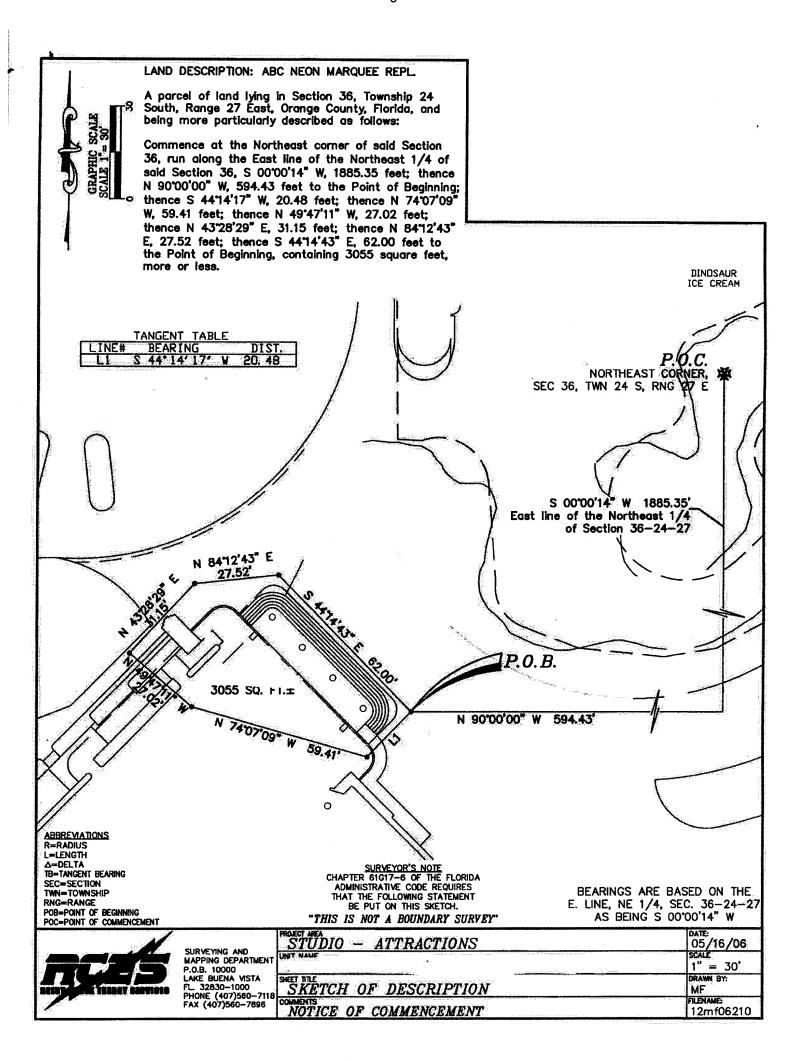
OR Produced ID

Lake Buena Vista, FL 32830-1000

Th	e undersigned hereby gives notice that improvement will be made to	certain real property, and in accordance with	
Ch	apter 713, Florida Statues, the following information is provided in this	s Notice of Commencement.	
1.	, and the property of the prop		
_	See attached.		
2.	General description of improvement		
2	General Construction		
J.	Owner Information or Lessee Information if the Lessee contract Name Walt Disney World Resort	ted for the improvement	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Owner		
	Name and address of fee simple titleholder (if different from O	Numer listed above)	
	Name	wher listed above)	
	Address		
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	Telephone Number (407) 307-0007	
5	Surety (if applicable, a copy of the payment bond is attached)		
٠.	Name	Telephone Number	
	Address	Amount of Bond \$	
6	Lender	Amount of Bond 4	
٥.		Telephone Number	
	Address	relephone Namber	
7.	Persons within the State of Florida designated by Owner upon served as provided by Section 713.13(1)(b), Florida Statutes. Name Judy Wells, Facility Asset Management (FAM) Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	Telephone Number (407) 939-4631	
8.	in addition to himself or herself, Owner designates the following		
	provided by Section 713.13(1)(b), Florida Statutes.		
		Telephone Number (407)934-6648	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
9.	Expiration date of notice of commencement (the expiration date		
	and final payment to the contractor, but will be 1 year from the date of		
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXP NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 YING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMM E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN I FORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	1.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR MENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN	
	der penalty of perjury, I declare that I have read the foregoing no ited in it are true to the best of my knowledge and belief.	tice of commencement and that the facts	
	9H/S A.G	jeorge/PMA/FAM	
	Signature of Owner of Lessee, by Owner's or Signature of Owner's Authorized Officer/Director/Partner/Manager	natory's Pitriled Name/Title/Office	
ıne		ay of the 2015 by ANDY GEAGE	
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	

Notary Public State of Florida
Kelly L Nobles
My Commission EE 220221
Expires 07/29/2016

Print, type, or stamp name of Notary Public



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# 20150455950 B: 10975 P: 6250 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

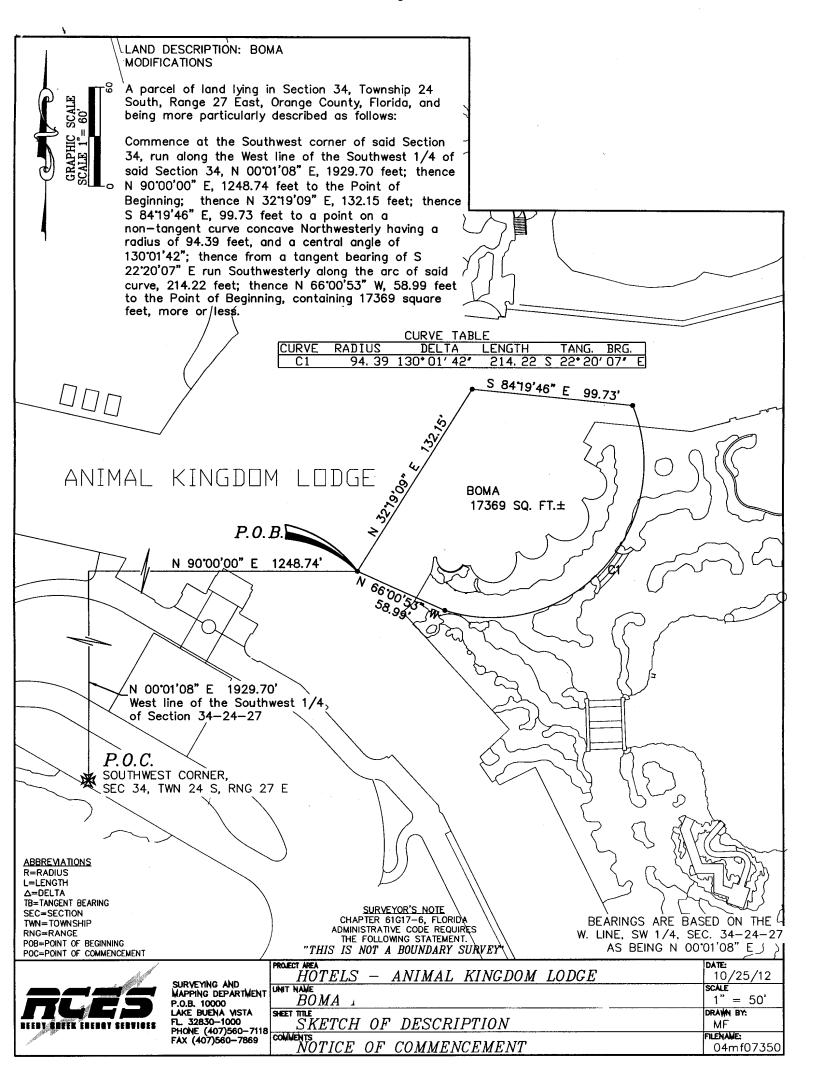


NOTICE OF COMMENCEMENT

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

	0044 0 44	
	9911 - See Attached	
•	General description of improvement	
	General Conditions	
-	Owner information or Lessee information if the Les	see contracted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 3283	30
	Interest in Property Owner	
	Name and address of fee simple titleholder (if diff	rerent from Owner listed above)
	Name	
	Address	
•	Contractor	Talanhana Number (407) 907 4200
	·	Telephone Number (407) 827-4338
	Address P.O. Box 981, Windermere , FL 34786	
	Surety (if applicable, a copy of the payment bond is at	
	Name	
	Address	Amount of Bond \$
	Lender	-
	Name	Telephone Number
	Address	
•		wner upon whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida	
		Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida	
3.	——————————————————————————————————————	the following to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Terry Stofflet	Telephone Number (407)828-3137
	Address D.O. Poy 10000 Lake Buone Vieta Elerida	
	Address P.O. Box 10000, Lake Buena Vista, Florida	
).	Expiration date of notice of commencement (the e	xpiration date may not be before the completion of construc
/AF	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the triangle of the contractor of the contract	xpiration date may not be before the completion of construction the date of recording unless a different date is specified
'AFON AY HE	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payments and the final payments and the final payments are contracted by the final payments and the final payments are contracted by the fi	Expiration date may not be before the completion of construction the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of the notice of commencement must be recorded and posted of the obtain financing, consult with your lender or an notice of commencement. Oregoing notice of commencement and that the facts lief.
Incitation	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payments and the final payments and the final payments are supported by the final payments and the final payments are payments from the final payments are payments from the final payments are payments from the final paym	expiration date may not be before the completion of construction the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of recording of the notice of commencement and the result in your incommencement and the facts of commencement and that the facts lief. Signatory's Printed Name/Title/Office
AFON AY HE TT Incitat	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the payments and the final payment to the payment to	expiration date may not be before the completion of construction the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of recording unless a different date is specified on the date of recording of the notice of commencement and the result in your incommencement and the facts of commencement and that the facts lief. Signatory's Printed Name/Title/Office
AFON AY HE TT Incitat	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the final payments and the final payment to the fi	expiration date may not be before the completion of construction the date of recording unless a different date is specified from the date of recording unless a different date is specified on the date of recording unless a different date is specified from the date of recording unless a different date is specified from the date of recording the notice of commencement and can result in your difference of the notice of commencement and that the facts lief. Signatory's Printed Name/Title/Office day of the name/Title/Office
AFON AYHE TT notat	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payments and the final payments and the final payments are contracted by the final payments and the final payments are the final payments of the final payments	expiration date may not be before the completion of construction the date of recording unless a different date is specified from the date of recording unless a different date is specified on the date of recording unless a different date is specified from the date of recording unless a different date is specified from the date of recording the notice of commencement and can result in your difference of the date
Incitation	Expiration date of notice of commencement (the e and final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payment to the contractor, but will be 1 year from the final payments and the final payments and the final payments are contracted by the final payments and the final payments are the final payments of the final payments	expiration date may not be before the completion of construction the date of recording unless a different date is specified from the date of recording unless a different date is specified on the date of recording unless a different date is specified from the date of recording unless a different date is specified from the date of recording the notice of commencement and can result in your department of the date



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Tim Keith P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150455951 B: 10975 P: 6252 08/31/2015 10:26:32 AM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

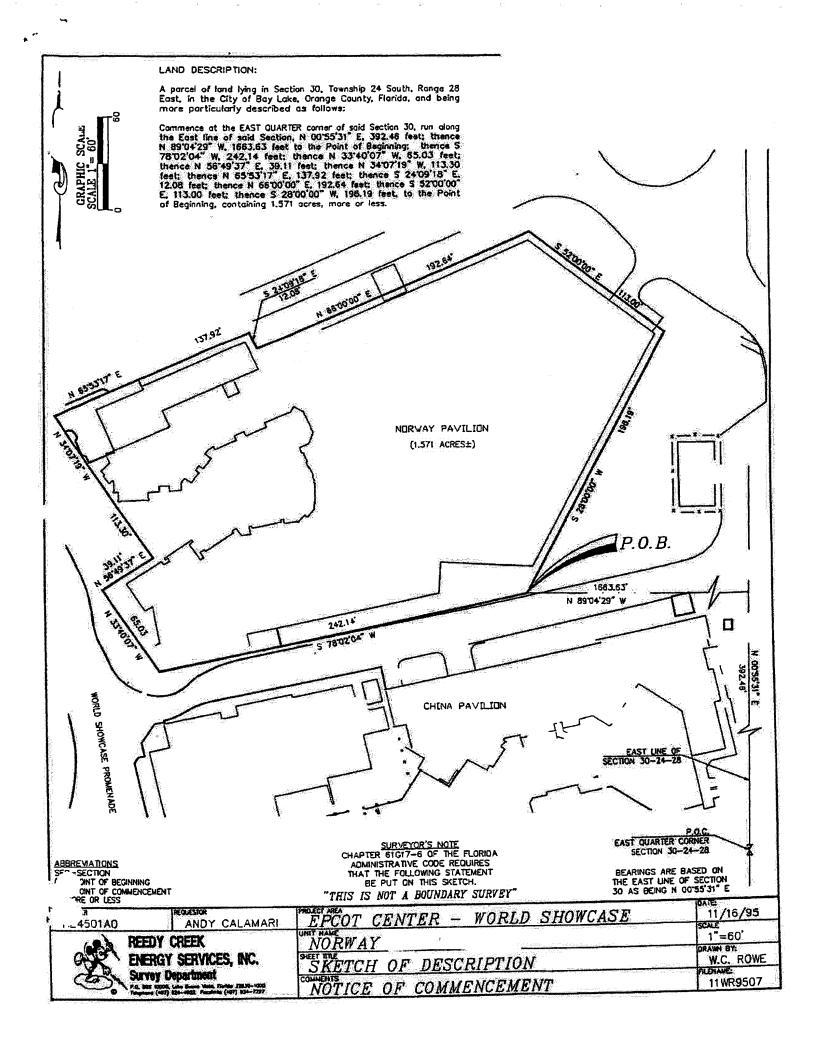


NOTICE OF COMMENCEMENT

State of	Florida.	County	ı of	Orange
----------	----------	--------	------	--------

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with

Cha	apter 713, Florida Statues, the following information is provided in this Notice	ce of Commencement.
	Description of property (legal description of the property, and street a	
	Legal Description Attached	•
2.	General description of improvement	
	Equipment installation	
3.	Owner Information or Lessee information if the Lessee contracted for	or the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from Owner	
	Name	
	Address	
4.	Contractor	
	Name Slalom Construction Services, Inc.	Telephone Number 407-938-0244
	Address PO Bpx 783211, Winter Garden, FL 34778-3211	
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	n notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
		Telephone Number (407) 939-4631
_	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following to r	eceive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	T
	Name Tim Keith	Telephone Number (407)560-4168
_	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date may	
	and final payment to the contractor, but will be 1 year from the date of reco	ording unless a different date is specified)
	<u>11/01/2015</u>	
	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION INDICATED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FI	
PAY	ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCE	MENT MUST BE RECORDED AND POSTED ON
	E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANG TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMEN	
A11	ORNET BEFORE COMMENDING WORK OF RECORDING TOOK NOTICE OF COMMEND	CLITEIT.
Und	der penalty of perjury, I declare that I have read the foregoing notice o	of commencement and that the facts
sta	ted in it are true to the best of my knowledge and belief.	
		to trailite
Ŕ	4. Keith / MOTHY A. KEI	TH PROJECT MANAGER FACILITY S PONTED NAMA GENES WAN A GENES
	Signature of Owner or Lessee, or Owner's or Signatory'	's Posted Name/Title/Office
Les	ssee's Authorized Officer/Director/Partner/Manager	JAANA OCTOV
-	14,0	$II \rightarrow II$
Ine	e foregoing instrument was acknowledged before me this day of	month/year
		South His Holes
as	Authorized Signatory forfor	Walt Disney World Resort
	Type of authority, e.g., officer, trustee, attorney in fact Name of part	ty on behalf of whom instrument was executed
	1 / A	
		The state of the s
	Signature of Notary Public - State of Florida Print, t	ype, or stamp name of Notary Public
_		Notary Public State of Florida
F	Personally Known OR Produced ID	Kelly L Nobles
7	vpe of ID Produced	My Commission EE 220221
	3 °C	DE SO EXPIRES OTTAGEN TO



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Randall Morcom P.O. Box 10000

Name

Lake Buena Vista, FL 32830-1000

Walt Disney World Resort

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

DOCH 20150460044 B: 10976 P: 6494 09/01/2015 02:06:02 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

Sta	ate of Florida, County of Orange
Th	e undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with
Ch	apter 713, Florida Statues, the following information is provided in this Notice of Commencement.
1.	Description of property (legal description of the property, and street address if available)
	See legal description
2.	General description of improvement
	Signage
3.	Owner information or Lessee information if the Lessee contracted for the improvement

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

Name

Address

Address

4. Contractor
 Name Design Communications Ltd
 Address 10611 Satellite Blvd., Orlando, FL 32837

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

Name Telephone Number Address Amount of Bond \$

6. Lender
Name _____ Telephone Number _____
Address

7. 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 Statutes.

Name Budy Wells Facility Asset Management (FAM)

Telephone Number (407) 939.4631

Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631

Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.

Name Randall Morcom Telephone Number 407-934-6440
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)
 09/11/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

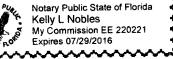
Type of authority, e.g., officer, trustee, attorney in fact

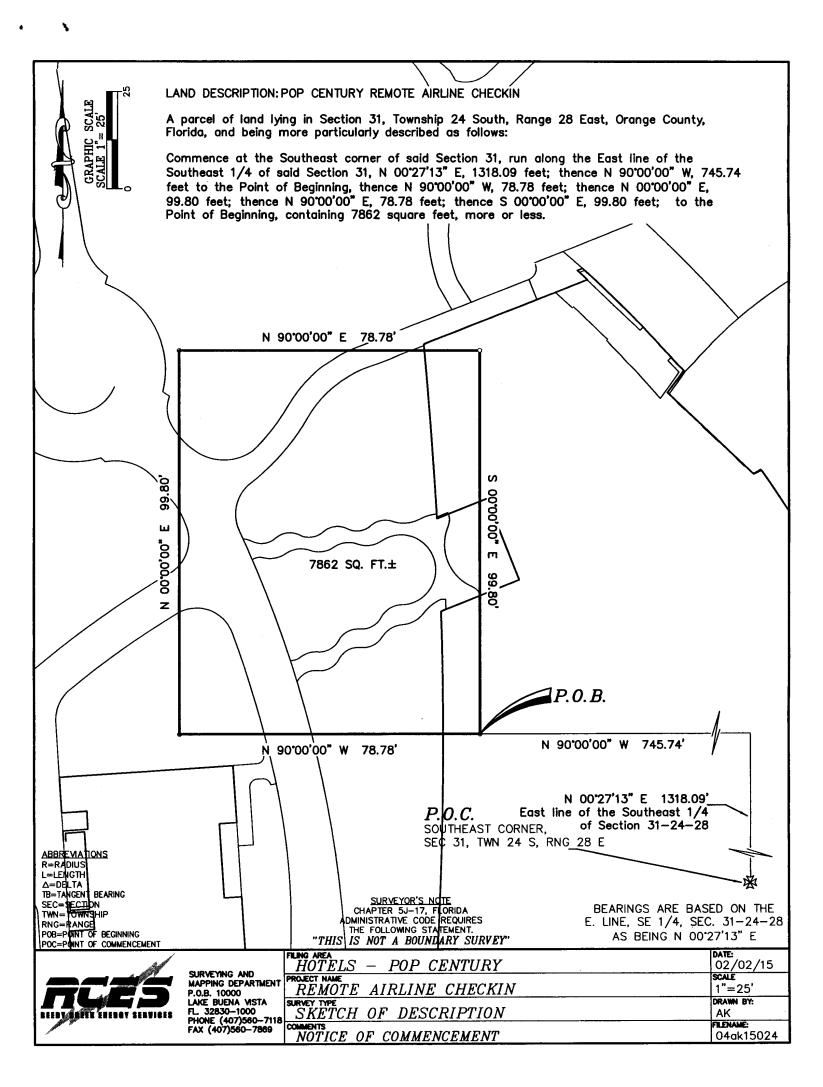
Name of party on behalf of whom instrument was executed

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

Personally Known OR Produced ID Notary Public State Kelly L Nobles
Type of ID Produced

OR Produced ID My Commission E





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

DOC# 20150460045 B: 10976 P: 6496 09/01/2015 02:06:02 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT-

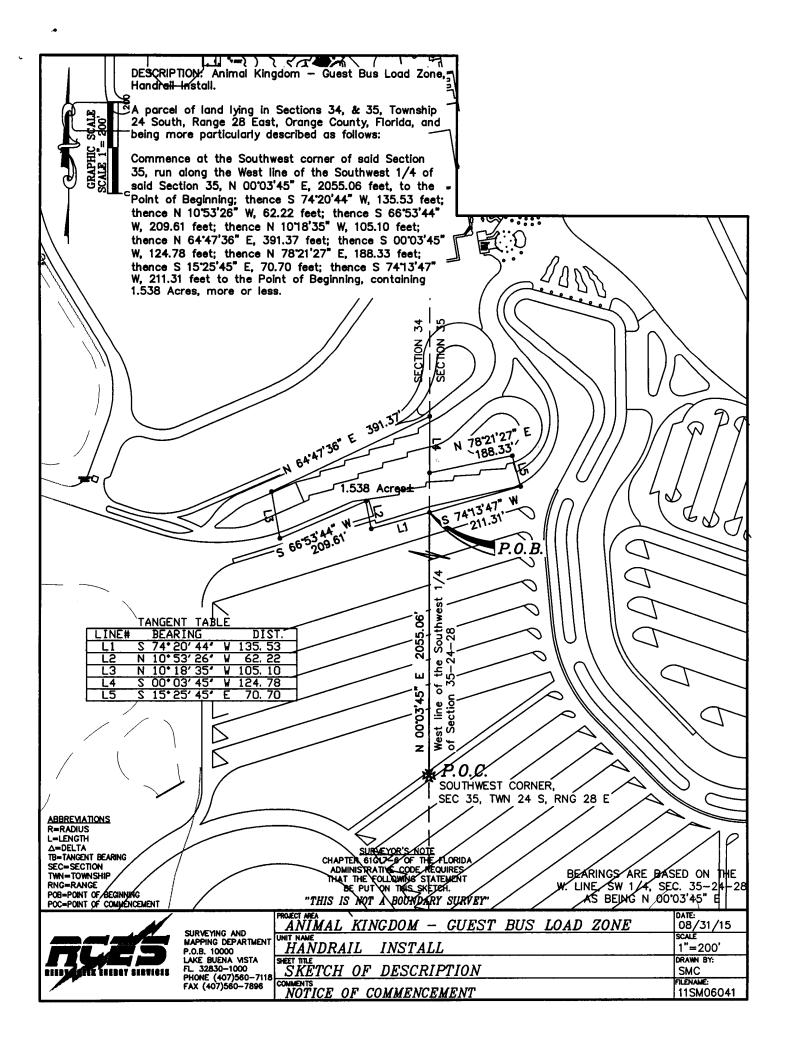


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

	formation is provided in this Notice of Commencement.
Description of property (legal descrip	tion of the property, and street address if available)
See Legal Description	
General description of improvement	
General Construction	
	ion 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	
	holder (if different from Owner listed above)
•	
Address	
Contractor	
Name Faden Builders	Telephone Number 352-735-9805
Address 736 S Rossiter St, Mt Dora, F	
Surety (if applicable, a copy of the paym	* · · · · · · · · · · · · · · · · · · ·
Name	-
Address	Amount of Bond \$
Lender	
	Telephone Number
Address	Toophore runner
	signated by Owner upon whom notices or other documents may be
served as provided by Section 713.13(
	agement (FAM) Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena	
	r designates the following to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Flori	
Name Frannie L Stone	Telephone Number (407)939-4427
Address P.O. Box 10000, Lake Buena	
	ement (the expiration date may not be before the completion of construction
•	rill be 1 year from the date of recording unless a different date is specified)
and imal payment to the contractor, but w	11/30/2015
SIDERED IMPROPER PAYMENTS UNDER CHAP ING TWICE FOR IMPROVEMENTS TO YOUR PR JOB SITE BEFORE THE FIRST INSPECTION. DRNEY BEFORE COMMENCING WORK OR REC	ave read the foregoing notice of commencement and that the facts
ted in it are true to the best of my know	-
\mathcal{J}	France Stone / Proj. Mge
Che	TRUTTLE STONE / 1103. MIGHT
Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
see's Authorized Officer/Director/Partner/Manager	et ()
foregoing instrument was acknowledged	before me this day of 10 205, by FRANNIE TO 62
Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorn	
Type of adultiny, e.g., whice, adulting	Name of party on bonair of whom instrainful was exceeded
Signature of Notary Public - State of Flori	ida Print, type, or stamp name of Notary Public
Personally Known OR Produce	Kelly L Nobles
	My Commission EE 220221
e of ID Produced	\$ % Expires 07/29/2016



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Frannie L Stone P.O. Box 10000

Type of ID Produced

Lake Buena Vista, FL 32830-1000

DOC# 20150460046 B: 10976 P: 6498 09/01/2015 02:06:02 PM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT-

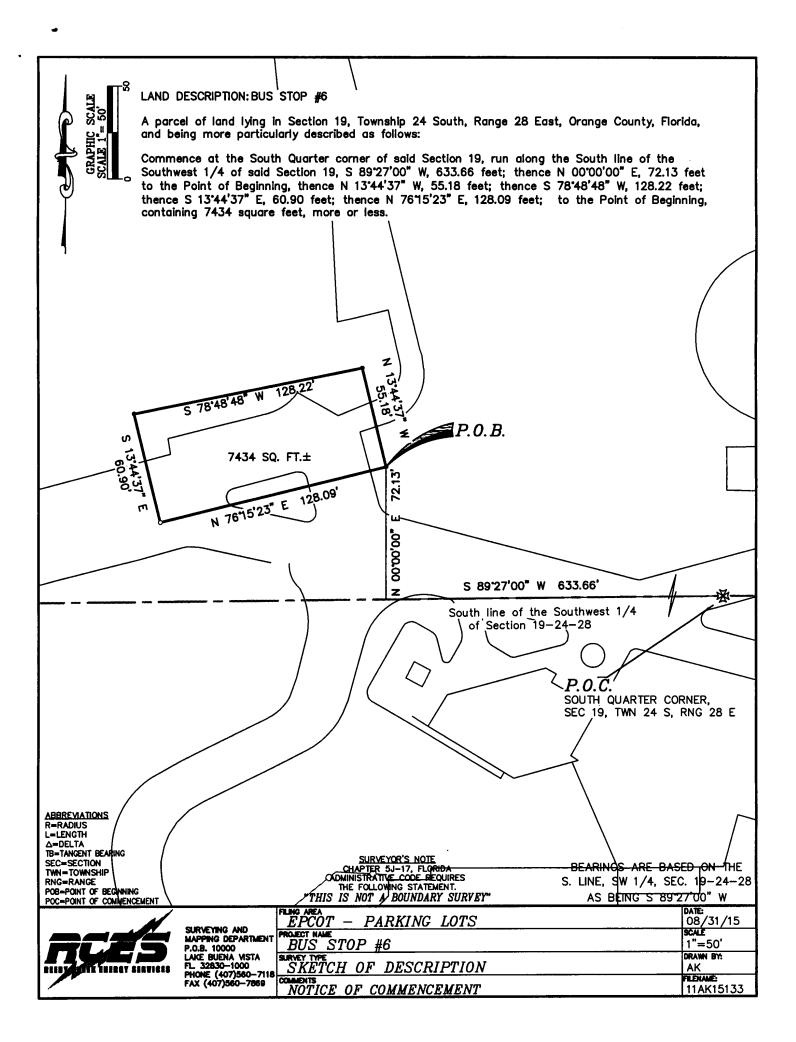


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

he didersigned hereby gives notice that improvement will be	• • •
hapter 713, Florida Statues, the following information is provi	
Description of property (legal description of the proper	rty, and street address if available)
See Legal Description	
General description of improvement	
General 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	ME W
Interest in Property Owner	
Name and address of fee simple titleholder (if difference)	•
Name	
Address	
Contractor	T. I. N. N. OSO 705 0005
Name Faden Builders	Telephone Number <u>352-735-9805</u>
Address 736 S Rossiter St, Mt Dora, FL 32757	I N
Surety (if applicable, a copy of the payment bond is attac	•
Name	Telephone Number
Address	Amount of Bond \$
Lender	
Name	Telephone Number
Address	
Persons within the State of Florida designated by Own	
served as provided by Section 713.13(1)(b), Florida St	
	Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, Florida 328	
. In addition to himself or herself, Owner designates the	e following to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Florida Statutes.	
Name Frannie L Stone	Telephone Number (407)939-4427
Address P.O. Box 10000, Lake Buena Vista, Florida 328	
•	iration date may not be before the completion of construction
and final payment to the contractor, but will be 1 year from	the date of recording unless a different date is specified)
11/30/2	<u>015</u>
ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE DISIDERED IMPROPER PAYMENTS UNDER CHAPTER 113, PART I, S AYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC! IE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ITORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOT INDEED THE PROPERTY OF PETUTY, I declare that I have read the fore	ECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR E OF COMMENCEMENT MUST BE RECORDED AND POSTED ON O OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TICE OF COMMENCEMENT. Begoing notice of commencement and that the facts
tated in it are true to the best of my knowledge and belief	f.
	and Stand Proi Nax
The train	inie Otone/Proj Mari
Signature of Swner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
essee's Authorized Officer/Director/Partner/Manager	9 01 1
fin in-two-mant and manufactured before the thin	dough to the form of the same
e foregoing instrument was acknowledged before me this _	month/year
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
1 /	
$\sqrt{1}$	
Signature of Notary Public - State of Florida	Print, type or stamp pame of Notery Public
V	Notary Public State of Florida
Personally Known OR Produced ID	Kelly L Nobles My Commission EE 220221 Expires 07/29/2016
Type of ID Produced	F OF € Explies 01/23/2010



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

DOC# 20150460047 B: 10976 P: 6500 09/01/2015 02:06:02 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT-

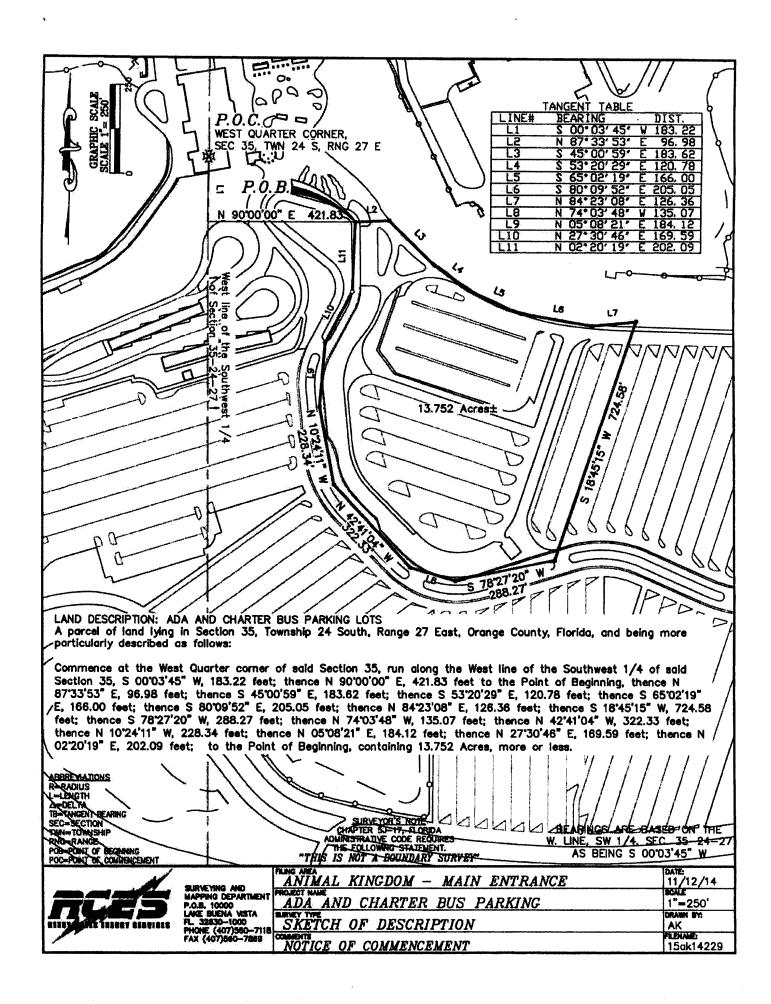


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be 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, and street See attached Leagal Description	eet address if available)
2.		
	El ECTRICA	L
3.	Owner information or Lessee information if the Lessee contract	led for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from O	wner listed above)
	Name	
	Address	
4.	Contractor	
	Name Sign Producers Inc	Telephone Number <u>407-855-8864</u>
	Address 17713 Deer Isle Circle, Winter Garden, FL 34787	
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	whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Fiorida Statutes.	-
	Name Cynthia Reese	Telephone Number 407-939-4808
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date	e may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date of	of recording unless a different date is specified)
	10/07/2015	
CO PA THI	VENING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPINSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 YING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMME JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	1.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR MENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN
	der penalty of perjury, I declare that I have read the foregoing no ated in it are true to the best of my knowledge and belief.	1 1
4		
ه ا	Signature of Owner or Lessee, or Owner's or Signature of Owner or Lessee's Authorized Officer/Director/Partner/Manager	natory's Privited Name/Title/Office
	, 51	lay of Lan 2015 by Kichard (785)
	Authorized Signatory for	Walt Disney World Resort
as		of party on behalf of whom instrument was executed
	Type of adulting, e.g., officer, district, another, white:	
-	Signature of Notary Public - State of Florida	Print trom or clarify name of Notary Public
ı	Personally Known OR Produced ID	Notary Public State of Florida
•	Type of ID Produced	



Folio/Parcel Identification Number:

Prepared by and Return to: 4039380

Walt Disney World Resort - FAM Attn: Kent (Robert) Bradley

P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150460048 B: 10976 P: 6502 09/01/2015 02:06:02 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT-

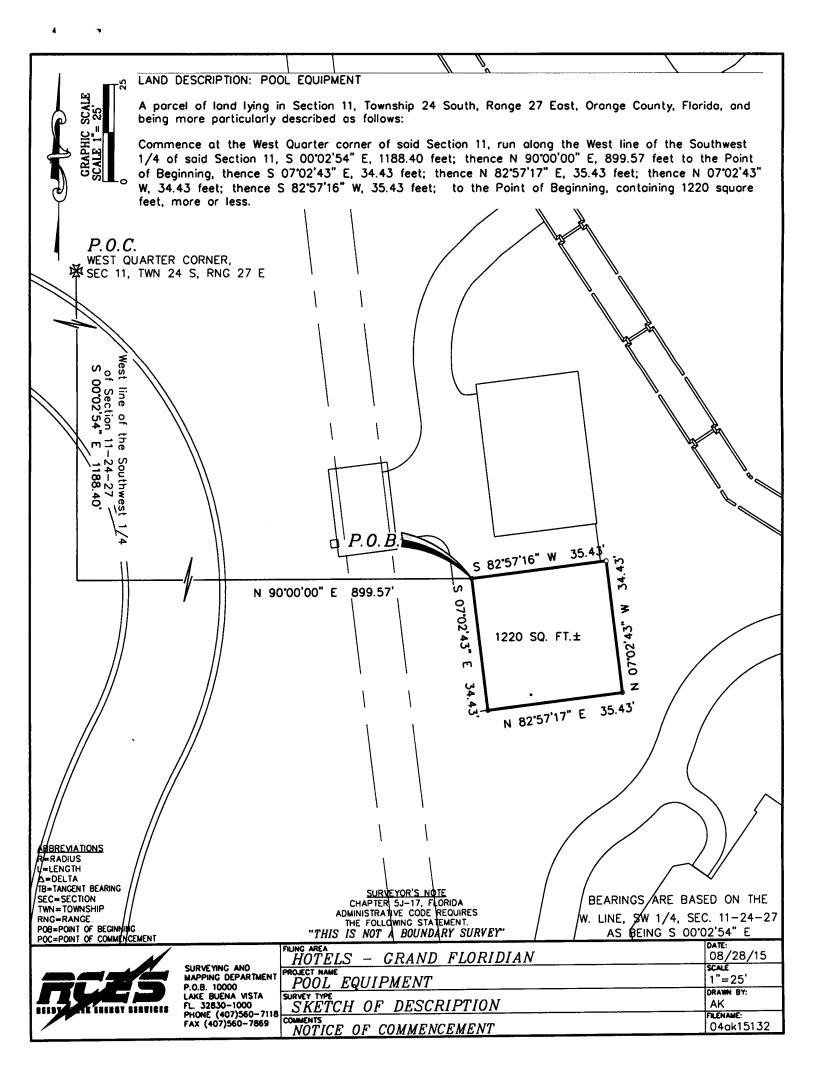


NOTICE OF COMMENCEMENT

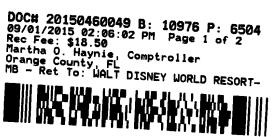
State of	Florida,	County	of C)range
----------	----------	--------	------	--------

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

	april 1 10, 1 10.100 Dialette, and following information to pro-				
1.	Description of property (legal description of the property SEE ATTACHED	erty, ar	nd street a	ddress if available)	
2					—
2.	General description of improvement POOL PLUMBING MODIFICATIONS				
3.	Owner information or Lessee information if the Lesse	ee cor	tracted fo	or the improvement	
	Name Walt Disney World Resort			•	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830)			
	Interest in Property Owner				
	Name and address of fee simple titleholder (if diffe	rent fro	om Owner	listed above)	
	Name				
	Address				
4.	Contractor				
	Name Falcon of the Nile Water Solutions			Telephone Number 407-857-1750	
	Address 6421 Milner Blvd Ste 2, Orlando, FL 32809				
5.	Surety (if applicable, a copy of the payment bond is atta	iched)			
	Name	·		Telephone Number	
	Address			Amount of Bond \$	
6.	Lender				
•	Name			Telephone Number	
	Address				_
7.		vner II	non whor	n notices or other documents may be	
٠.	served as provided by Section 713.13(1)(b), Florida S			in notices of care, accuments may be	
	Name Judy Wells, Facility Asset Management (FAM)			Telephone Number (407) 939-4631	
	Address P.O. Box 10000, Lake Buena Vista, Florida 3			Telephone Hambel (1977) 555 4551	
٥	In addition to himself or herself, Owner designates the			receive a conv of the Lienar's Notice a	
Ο.	provided by Section 713.13(1)(b), Florida Statutes.	He IOII	owing to	receive a copy of the Lienor's Notice a.	•
				Telephone Number (407)939-4771	
	Name Kent (Robert) Bradley	2020 4		Telephone Number (407)353-4771	—
	Address P.O. Box 10000, Lake Buena Vista, Florida 3:			t b a b afaire the annual ation of annual	
9.	Expiration date of notice of commencement (the exp				
	and final payment to the contractor, but will be 1 year from		date of rec	cording unless a different date is specified	,
	<u>12/04/</u>				
CO PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, YING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOT! E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND 'T TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NO	SECTION SECTIO	ON 713.13, F COMMENCI TAIN FINAN	LORIDA STATUTES, AND CAN RESULT IN YOU EMENT MUST BE RECORDED AND POSTED O ICING, CONSULT WITH YOUR LENDER OR AI	R N
	der penalty of perjury, I declare that I have read the fo		ng notice	of commencement and that the facts	
sta	ited in it are true to the best of my knowledge and beli	ef.			
			_	4	
	I CIA	سه	J-	Cocit	
	Signature of Owner or Lessee, or Owner's or			's Printed Name/Title/Office	_
Le	ssee's Authorized Officer/Director/Partner/Manager	_	1	\cap \cap \cap	
~ L	- face and a factor and the face are this	73	/ 	Ser Zole by Kring (Mail	,
ın	e foregoing instrument was acknowledged before me this		day 🕰	month/year	L
				• •	
as	Authorized Signatory	for _		Walt Disney World Resort	
	Type of authority, e.g., officer, trustee, attorney in fact		Name of par	rty on behalf of whom instrument was executed	
	1				
		_			
_	Signature of Notary Public - State of Florida		Print,	type, or stamp name of Notary Public	ı
	1.4		₹*.	Notary Public State of Florida	ı
1	Personally Known OR Produced ID	_	5 .⁵°	Kelly L Nobles	
			> %	My Commission EE 220221	,
-	Type of ID Produced		· · · · · · ·	ະລະເຄັ Expires 07/29/2016 🕻	



Walt Disney World Resort
Attn: Andrew Highsmith
P.O. Box 10000

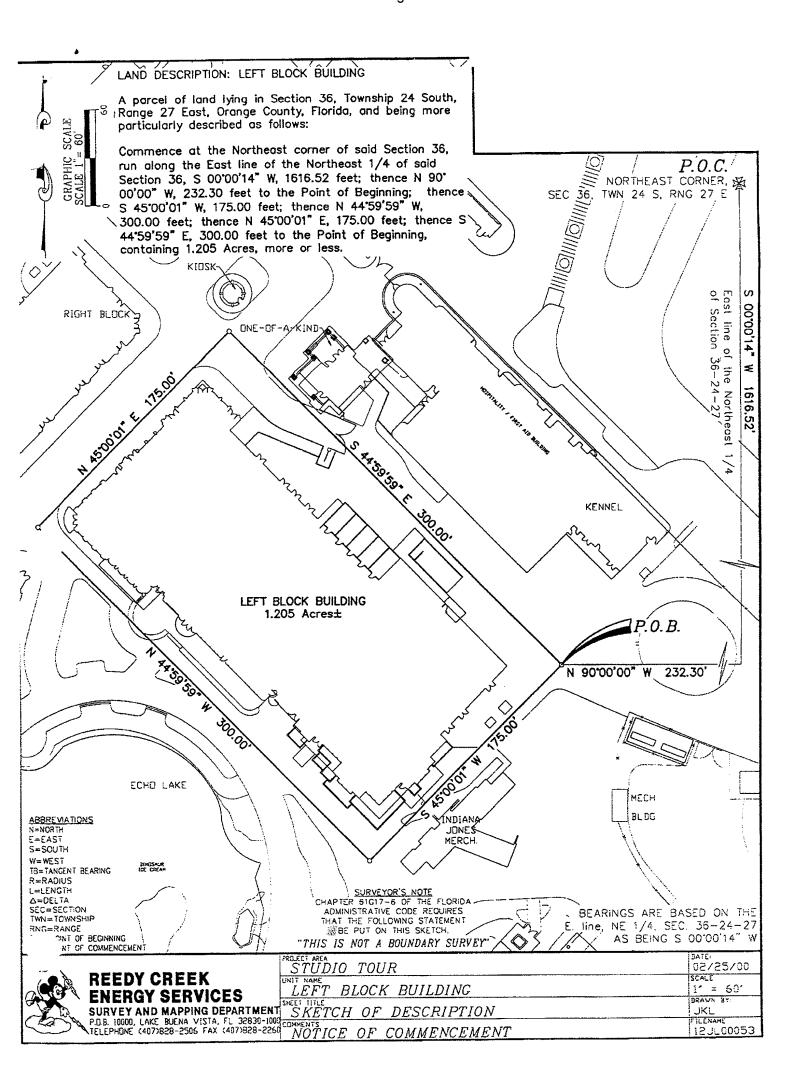


		Permit No.	Tax Folio No.
		NOTICE OF COMMENC	CEMENT
State	e of Fl	orida, County of Orange	
		signed hereby gives notice that improvements will be a ter 713, Florida Statutes, the following information is pa	
1.	Des	cription of property: See Attached	
2.	Gen	eral description of improvements: Mechanical	
3.	Own	er Information:	
	(a)	Name and address: Walt Disney World Resort, P.O.	Box 10000, Lake Buena Vista, FL 32830
	(b)	Interest in property: Owner Name and address of fee simple titleholder (if other	than Owner):
4.	(a)	Contractor (name and address): SimplexGrinnell/68 32812	30 Shadowridge Dr. Suite 211 Orlando, FL.
	(b)	Contractor's phone number: 407/235-1138	
5.	Sure	•	
	(a)	Name and address:	
	(b)	Phone number: 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 Ov may be served as provided by Section 713.13 (1)(a Dave Ellis, Sourcing & Procurement Administration, Phone numbers of designated persons: (407) 828-33	a)7., Florida Statues: (name and address): P.O. Box 10000, Lake Buena Vista, Florida 32830-1
	(a) (b)	In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided Phone number of person or entity designated by own	
9.	Expir	ration date of notice of commencement (the expiration as a different date is specified):	n date is 1 year from the date of recording
OF C SECT IMPR POST CONS	NING OMME TON <u>7</u> OVEN TED O	TO OWNER: ANY PAYMENTS MADE BY THE OWN ENCEMENT ARE CONSIDERED IMPROPER PAYME 13.13, FLORIDA STATUTES, AND CAN RESULT IN IENTS TO YOUR PROPERTY. A NOTICE OF COMM	ENTS UNDER CHAPTER 713, PART I, I YOUR PAYING TWICE FOR IENCEMENT MUST BE RECORDED AND N. IF YOU INTEND TO OBTAIN FINANCING,
	14	Signature of Owner	Signatory's Printed Name/Title/Office
The fo	•	er's Authorized officer/Director/Partner/Manager) instrument was acknowledged before me this 3/2 day of	rund 20 15 by Andrew Hahshithas
		Authorized Signatory	Walt Disney World Resort
	(Type o		(name of party on behalf of whom instrument was executed)
		Kan d / Whant	LORRIE A. GEBHARDI

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.

Type of ID Produced

Signature of Natural Person Signing Above

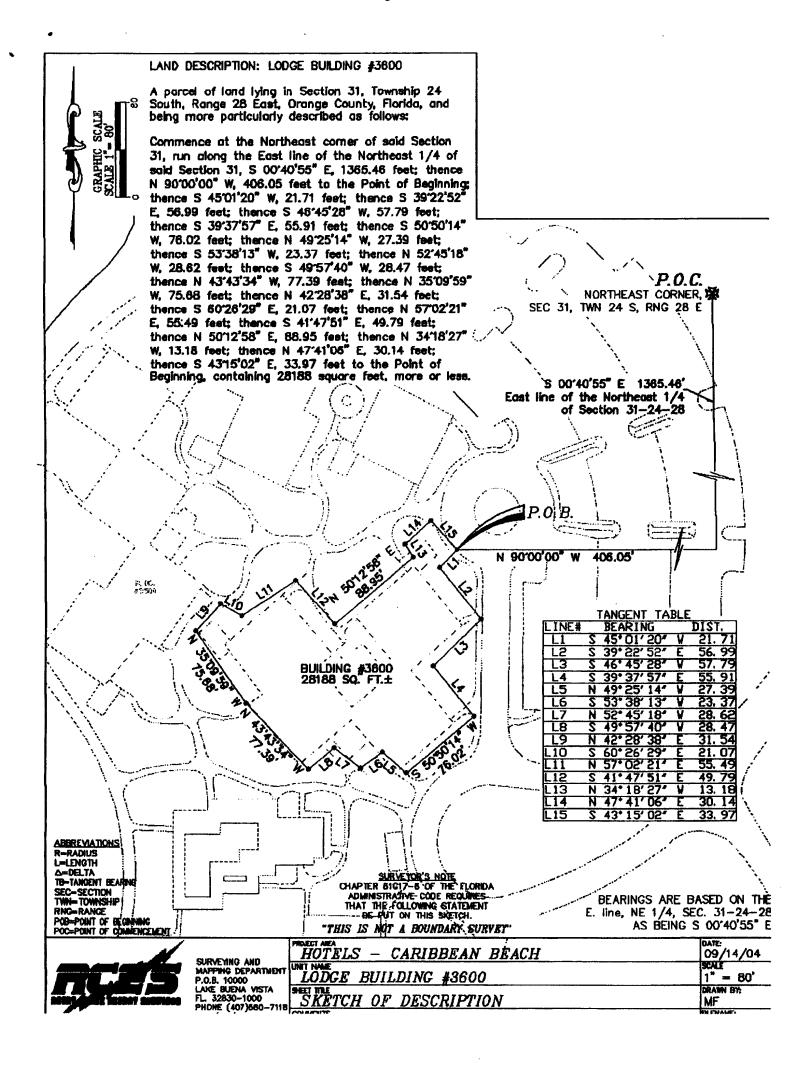


Walt Disney World Resort Attn: Colby Romano P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150460050 B: 10976 P: 6506 09/01/2015 02:06:02 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT-



_____ Signature of Natural Person Signing Above

		Permit No.	Tax Folio No			
NOTICE OF CO		NOTICE OF COM	MENCEMENT			
Stat	te of Fl	orida, County of Orange				
		signed hereby gives notice that improvements ver 713, Florida Statutes, the following information	vill be made to certain real property, and in accordance on is provided in this notice of commencement.			
1.	Des	cription of property: See Legal Description				
2.	Gen	eral description of improvements: Mechanical				
3.	Own	er Information:				
	(a)	Name and address: Walt Disney World Resor	t, 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): Ferran Service	ees & Contracting, 530 Grand St, Orlando, FL 32805			
	(b)	Contractor's phone number: 407-422-3551				
5.	Sure	ety:				
	(a)	Name and address:				
	(b)	Phone number: Amount of Bond:				
	(0)	Amount of Bond.				
6.	(a) (b)	Lender (name and address): Lender's phone number:				
7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section <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 328:						
	(b)	Phone numbers of designated persons: (407)				
	(a) (b)	In addition to himself or herself, Owner design to receive a copy of the Lienor's Notice as prophone number of person or entity designated	ovided in Section 713.13 (1)(b), Florida Statutes.DavD			
9.	Expi	ration date of notice of commencement (the ex	piration date is 1 year from the date of recording			
٠.		ss a different date is specified): Aug 01, 2016	The same of the sa			
OF C SEC IMPF POS CON	COMMITION 7 ROVEN TED O	ENCEMENT ARE CONSIDERED IMPROPER F 13.13, FLORIDA STATUTES, AND CAN RESI MENTS TO YOUR PROPERTY. A NOTICE OF N THE JOB SITE BEFORE THE FIRST INSPE	ULT IN YOUR PAYING TWICE FOR COMMENCEMENT MUST BE RECORDED AND CTION. IF YOU INTEND TO OBTAIN FINANCING, FORE COMMENCING WORK OR RECORDING			
	<u></u>	Carlo Carlo	Couby Romano / Eng Managera Signatory's Printed Name/Title/Office			
		Signature of Owner	Signatory's Printed Name/Title/Office			
	•	er's Authorized officer/Director/Partner/Manager)	of September 20 15 by Colby Romano			
The fo	e foregoing instrument was acknowledged before me this <u>l</u> day of <u>ട്രോഷ്ട്</u> , 20 <u>15</u> , by டேசெட்டு Romano ,as					
The fo		Authorized Signatory	Walt Disney World Resort			
The fo		A DE LE CONTRACTOR DE LA CONTRACTOR DE L	(name of party on behalf of whom instrument was executed)			
The fo	(Туре с	of authority, e.g., officer, trustee, attorney-in-fact)	(name of party on behalf of whom institution was executed)			
The fo	(Type o	of authority, e.g., officer, trustee, attorney-in-fact)	(Haine of party on behan of wholh abdument was executed)			
The fo		of authority, e.g., officer, trustee, attorney-in-fact) Diane K Barnette gnature of Notary Public - State of Florida	(Print, Type, or Senan or wholin instrument was executed)			
The fo	si	Diane K Barnette				



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

Personally Known

Type of ID Produced

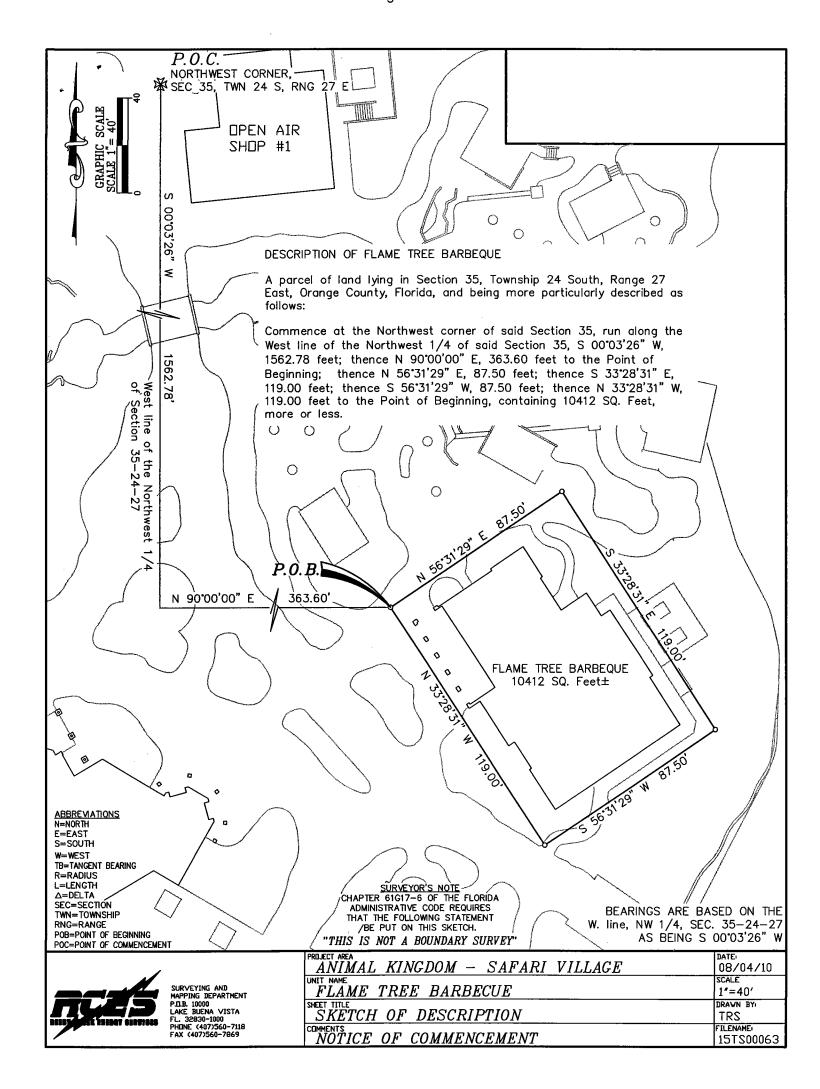
OR Produced ID

DOC# 20150465443 B: 10978 P: 3608 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

La	ke Buena Vista, FL 32830-1000	main i de la facilita de la facilita de la compansión de la compansión de la compansión de la compansión de la
	NOTICE OF COM	
Sta	ate of Florida, County of Orange	
	e undersigned hereby gives notice that improvement will be i	made to certain roal property, and in passedomes with
Ch	apter 713, Florida Statues, the following information is provide	fed in this Notice of Commencement
1.		V. and street address if available)
	See attached legal description	y sa sa danos il avallable)
2.	General description of improvement	
	Mechanical	
3,	Owner information or Lessee information if the Lessee	contracted for the improvement
	Name Walt Disney World Resort	The state of the s
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different	nt from Owner listed above)
	Name	
	Address	
4.	Contractor	,
	Name Lo Temp Engineering	Telephone Number (407) 654-4055
	Address 1001 Crown Park Circle, Winter Garden , FL 32	787
5.	Surety (if applicable, a copy of the payment bond is attached	ed)
	Name	Telephone Number
	Address	Amount of Bond \$
6.	Lender	
	Name	Telephone Number
	Address	,
7.	Persons within the State of Florida designated by Owne	r upon whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Stat	utes.
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283	00-1000
8.	In addition to himself or herself, Owner designates the	following to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Brad Lunte	Telephone Number (407)560-5324
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283	0-1000
9.	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	ne date of recording unless a different date is specified)
	12/31/201	5
PAYI	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO DRIVEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE.	OFFICIAL COMMENCEMENT MUST BE RECORDED AND POSTED ON
Jnd stat	ter penalty of perjury, I declare that I have read the foreg ed in it are true to the best of my knowledge and belief.	oing notice of commencement and that the facts
	SEAD BEAD	CLEDTE PMA/ FAM
Less	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
he:	foregoing instrument was acknowledged before me this	day of 1 2015 by Bran Lunt
s	Authorized Signatory fo	r 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

or not Expir

Notary Public State of Florida Kelly L Nobles My Commission EE 220221 Expires 07/29/2016



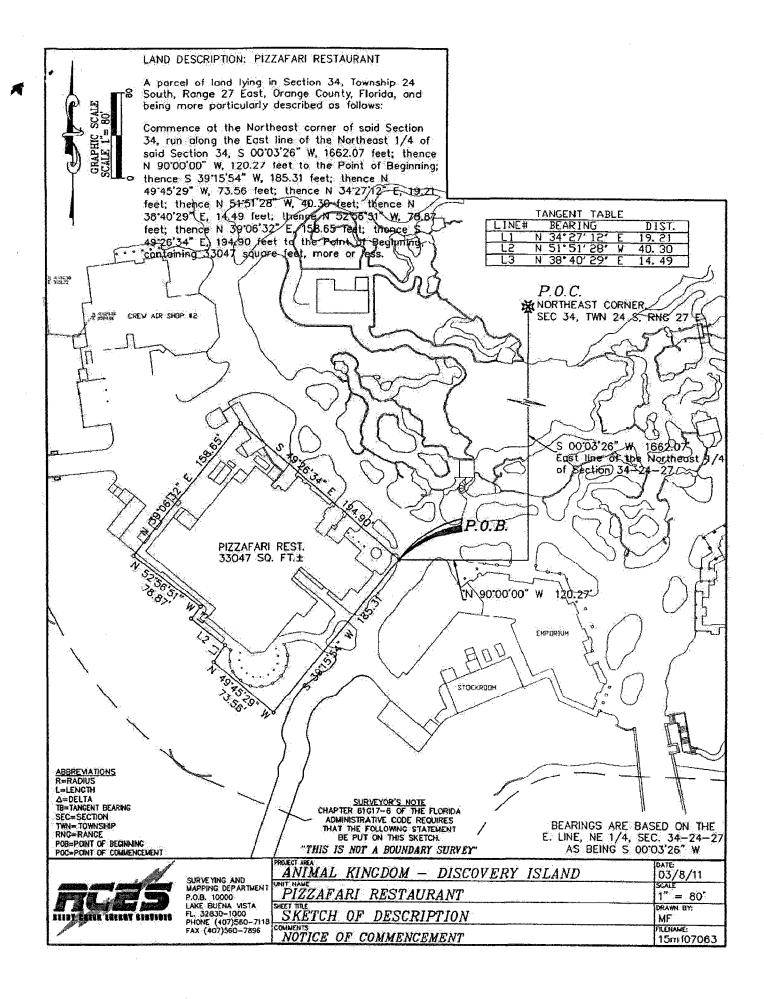
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Brad Lunte P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150465444 B: 10978 P: 3610 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



	NOTICE OF COMME	:NCEMENT
	state of Florida, County of Orange	
Th	he undersigned hereby gives notice that improvement will be ma	de to certain real property, and in accordance with
Ch	napter 713, Florida Statues, the following information is provided	in this Notice of Commencement.
1.	 Description of property (legal description of the property, a 	and street address if available)
	See attached legal description	•
2,	. General description of improvement	
	Mechanical	
3,	Owner information or Lessee information if the Lessee co	ntracted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different f	rom Owner listed above)
	Name	
	Address	
4.	Contractor	,
	Name Lo Temp Engineering	Telephone Number (407) 654-4055
	Address 1001 Crown Park Circle, Winter Garden , FL 32787	
5,	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
6.	Lender	
	Name	Telephone Number
	Address	
7.	Persons within the State of Florida designated by Owner u	pon whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statute	S.
	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 foll	owing to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	o and a sopy of the Element of Hotice do
	Name Brad Lunte	Telephone Number (407)560-5324
	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)
	12/31/2015	5 a minimal data to openhady
PAY	ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THINSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION YING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTONNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF	IN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON TAIN FINANCING CONSULT HISTORY OF THE PROPERTY
Unc stat		g notice of commencement and that the facts
	DEAD (MATE / PMA / FAM
	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
Les	ssee's Authorized Officer/Director/Partner/Manager	\sim 1
The	e foregoing instrument was acknowledged before me this 3**	day of 1015 by Bead Lunte
as	Authorized Signatory for	Walt Disney World Resort
	<u> </u>	Name of party on behalf of whom instrument was executed
	L.	Services of whom moral was executed
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Pe	Personally Known V OR Produced ID	Notary Public State of Florida Kelly L Nobles
Ty	ype of ID Produced	My Commission EE 220221 Expires 07/29/2016



Walt Disney World Resort Attn: Andrew Highsmith P.O. Box 10000

DOC# 20150465445 B: 10978 P: 3612 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



4	Lak	e Buei	uena Vista, FL 32830-1000	
			Permit No.	Fax Folio No.
			NOTICE OF COMMENCEMENT	
	Stat	e of Fl	Florida, County of Orange	
			dersigned hereby gives notice that improvements will be made to compare 713, Florida Statutes, the following information is provided in	
	1.	Des	escription of property: See Attached	
	2.	Gen	eneral description of improvements: Mechanical	
	3.	Owr	wner Information:	
		(a)	n) Name and address: Walt Disney World Resort, P.O. Box 1000	0, Lake Buena Vista, FL 32830
		(b)	o) Interest in property: Owner	
		(c)) Name and address of fee simple titleholder (if other than Owner	er):
	4.	(a)	a) Contractor (name and address): Grunau Company/11300 Spa	ce Boulevard, Orlando, FL 32837
		(b)	o) Contractor's phone number: 407/857-1800	
	5.	Sure	urefy:	
		(a)		
		(b)	•	
		(c)	c) Amount of Bond:	
	6.	(a) (b)		
	7.	(a)	may be served as provided by Section 713.13 (1)(a)7., Florid Dave Ellis, Sourcing & Procurement Administration, P.O. Box	a Statues: (name and address):
		(p)	phone numbers of designated persons: (407) 828-3582	
8.		(a) (b)	to receive a copy of the Lienor's Notice as provided in Section	
	_	. ,	,	
	9.	•	xpiration date of notice of commencement (the expiration date is 1 nless a different date is specified):	year from the date of recording .
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Signature of Owner Suthorized officer/Director/Partner/Manager) The foregoing instrument was acknowledged before me this day of Walt Disney World Resort (Type of authority, e.g. Jofficer, trusted attorney-in-fact) Walt Disney World Resort (name of party on behalf of whom instrument was executed) LORRIE A. GEBHARDT Commission # EF BROADE			DER CHAPTER 713, PART I, AYING TWICE FOR ENT MUST BE RECORDED AND INTEND TO OBTAIN FINANCING, NCING WORK OR RECORDING HIGHSMAK / WGr DHS YES Printed Name/Title/Office 20 5 by Ardrew Highshalls alt Disney World Resort on behalf of whom instrument was executed)	
		s	Signature of Notary Public - State of Print, Type a	Commission # EE 860765

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.

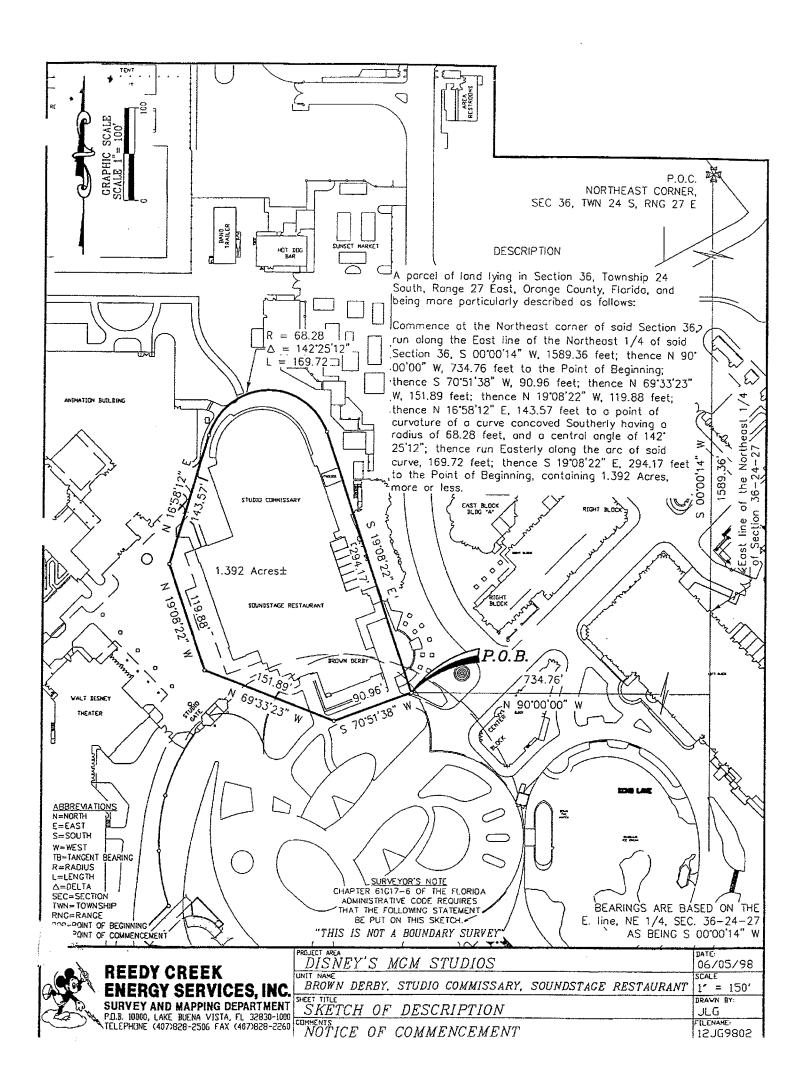
OR Produced ID

Personally Known

Type of ID Produced

_ Signature of Natural Person Signing Above

Confine States of Hotal San December 26, 2016



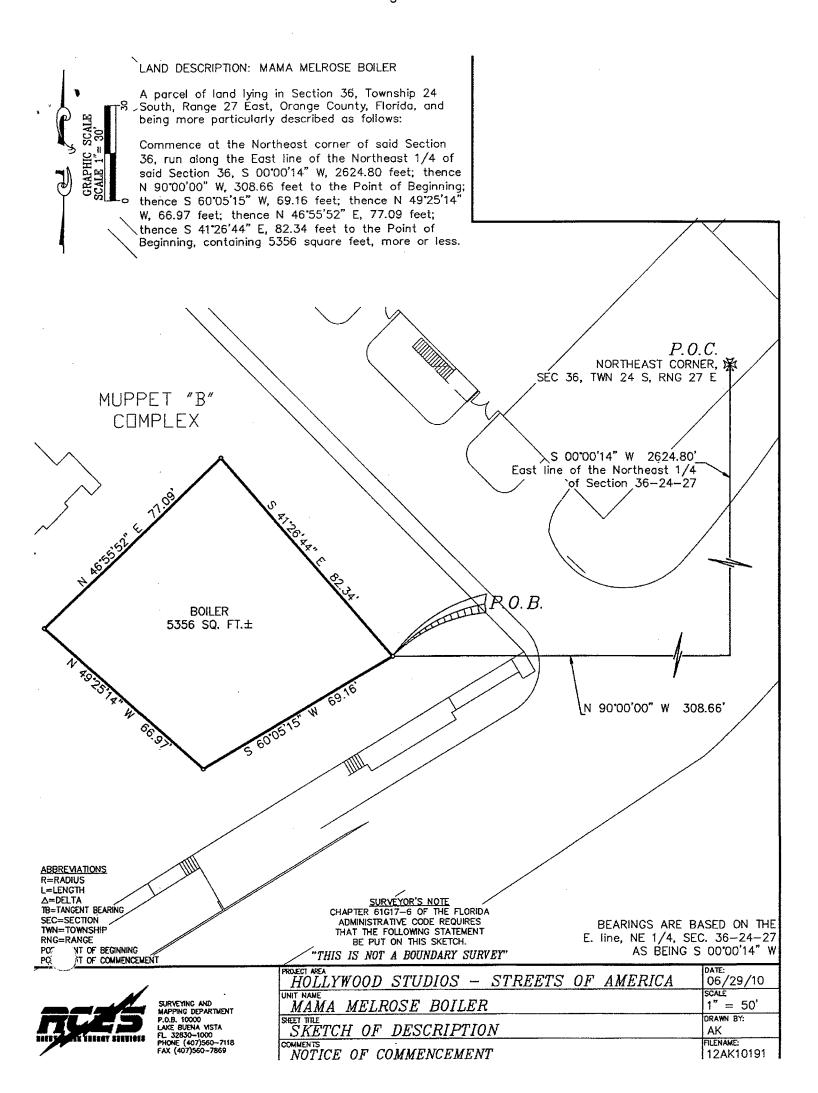
Attn P.O Lak

DOC# 20150465446 B: 10978 P: 3614 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



ait Disney World Resort n: Andrew Highsmith D. Box 10000 te Buena Vista, FL 32830-1000	
e Buena Vista, FL 32830-1000	

		Permit No.	Tax Folio No	
NOTICE OF COMMENCEMENT				
State of Florida, County of Orange				
			will be made to certain real property, and in accordance ion is provided in this notice of commencement.	
1.	Description of property: See Attached			
2.	General description of improvements: Mechanical			
3.	Own (a)	ner Information: Name and address: Walt Disney World Reso	ort, P.O. Box 10000, Lake Buena Vista, FL 32830	
	(b)	Interest in property: Owner Name and address of fee simple titleholder (if other than Owner):	
4.	(a)	Contractor (name and address): Grunau Cor	npany/11300 Space Boulevard, Orlando, FL 32837	
	(b)	Contractor's phone number: 407/857-1800		
5.	Sure (a) (b) (c)	ety; Name and address: Phone number: Amount of Bond:		
6.	(a) (b)	Lender (name and address): Lender's phone number:		
7.	 (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section <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) (b)	In addition to himself or herself, Owner design to receive a copy of the Lienor's Notice as person or entity designated	provided in Section 713.13 (1)(b), Florida Statutes.DavDa	
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):				
OF CO SECT IMPRO POST CONS YOUR	OMME ION 7 OVEM ED OI BULT V	ENCEMENT ARE CONSIDERED IMPROPER <u>713.13</u> , FLORIDA STATUTES, AND CAN RE- MENTS TO YOUR PROPERTY. A NOTICE OF IN THE JOB SITE BEFORE THE FIRST INSP	PAYMENTS UNDER CHAPTER 713, PART I, SULT IN YOUR PAYING TWICE FOR F COMMENCEMENT MUST BE RECORDED AND ECTION. IF YOU INTEND TO OBTAIN FINANCING, EFORE COMMENCING WORK OR RECORDING Andrew Higher Har Description of Sept	
		Authorized Signatory	Walt Disney World Resort	
(Type of guthority, e.g., officer, trustee, attorney-in-fact) (name of party on behalf of whom instrument was executed)				
		Mu C Judiar A. gradure of Notes Public - State of Florida OR - Pardiand ID	LORRIE A. GEBHARDT Commission # EE RENZES (Final Standing Commission Manager & Manag	
		ally Known OR Produced ID		
		pursuant to Section 92.525 ,Florida Statutes: Under pe	enalties of periury. I declare that I have read	
		ng and that the facts stated in it are true to the best of my		
<u> </u>	-0	Edfa Mannis	Signature of Natural Person Signing Above	



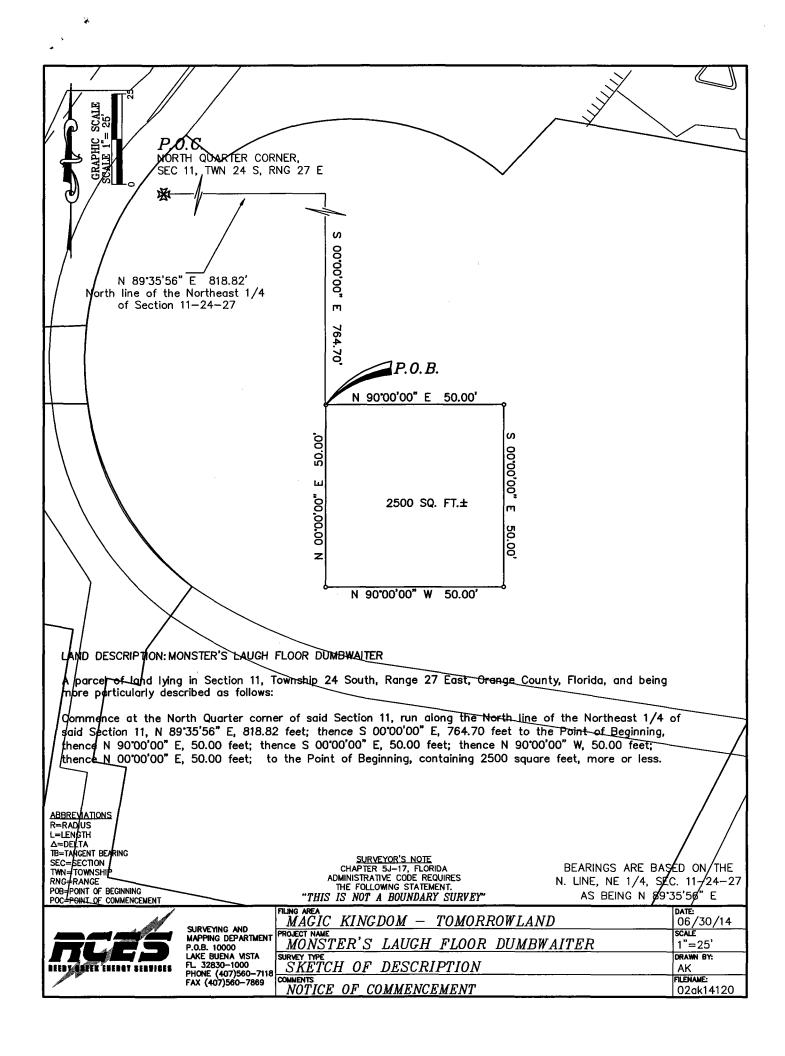
Prepared by/record and return to:

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

DOC# 20150465447 B: 10978 P: 3616 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



		Permit No.	Tax Folio No.
		NOTIC	OF COMMENCEMENT
S	tate of F	Florida, County of Orange	
it) W	he unde ith Chap	ersigned hereby gives notice that impoter 713, Florida Statutes, the following	rovements will be made to certain real property, and in accordance og information is provided in this notice of commencement.
1:	De	scription of property: Legal descriptio	n affached
2,	Ger	neral description of improvements: (Electricas
3.	Ow (a)	ner Information: Name and address: Walt Disney V	orld Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
	(b)	Interest in property; Owner Name and address of fee simple ti	
4.	(a)		aden Builders, Inc. 736 S Rossiter St. Mt. Dora, FL 32757
	(b)	Contractor's phone number: 352-8	02-3209
5.	Sure (a) (b) (c)		
6.	(a) (b)	Lender (name and address): Lender's phone number;	
7.	(a) (b)	may no served as bioxided by 260ll	designated by Owner upon whom notices or other documents on <u>713.13</u> (1)(a)7., Florida Statues: (name and address): at Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 ons: (407) 828-3582
K.	(a) (b)	In addition to himself or herself, Ow to receive a copy of the Lienor's No Phone number of person or entity di	tice as provided in Section 713.12 (1975) Fig. (1975)
9.	Expir		of the expiration date is 1 was from the date of
SEC IMPR POS CON	TION <u>7</u> ROVEM TED ON SULT Y	13.13 , FLORIDA STATUTES, AND ENTS TO YOUR PROPERTY. A NO THE JOB SITE BEFORE THE FIRE	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE ROPER PAYMENTS UNDER CHAPTER 713, PART I, CAN RESULT IN YOUR PAYING TWICE FOR TICE OF COMMENCEMENT MUST BE RECORDED AND BY INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, RNEY BEFORE COMMENCING WORK OR RECORDING
	Janes Brief	Signature of Owner	DON WESCHER DIRECTOR MES
	(or Owner	's Authorized officer/Director/Partner/Manager)	Signatory's Printed Name/Title/Office
The fo		istrument was acknowledged before me this	1 day or September 15 by Don Weschler as
	Turk	Authorized Signatory	Walt Disney World Resort
	12	authority, e.g., offices, trustee, attorney-in-fact)	(name of party on behalf of whom instrument was executed)
1.3	AU Sign	ature of Notary Public - State of Florida	Wilda Lee Esparra (Print, Type, or Stamp Commissioned Name of Notary Public)
	Personal		
	45.40	D Produced	Nilda Lee Esparra Commission#FF164889
verif	oregoing	insuant to Section 92.525 Florida Statutes:	United permittees of perfury. I cectare that I have read - I I I I I I I I I I I I I I I I I I
		- Cler	Signature of Natural Person Signing Above
1			e e e e e e e e e e e e e e e e e e e



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Andra Haynes P.O. Box 10000 DOC# 20150465448 B: 10978 P: 3618 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



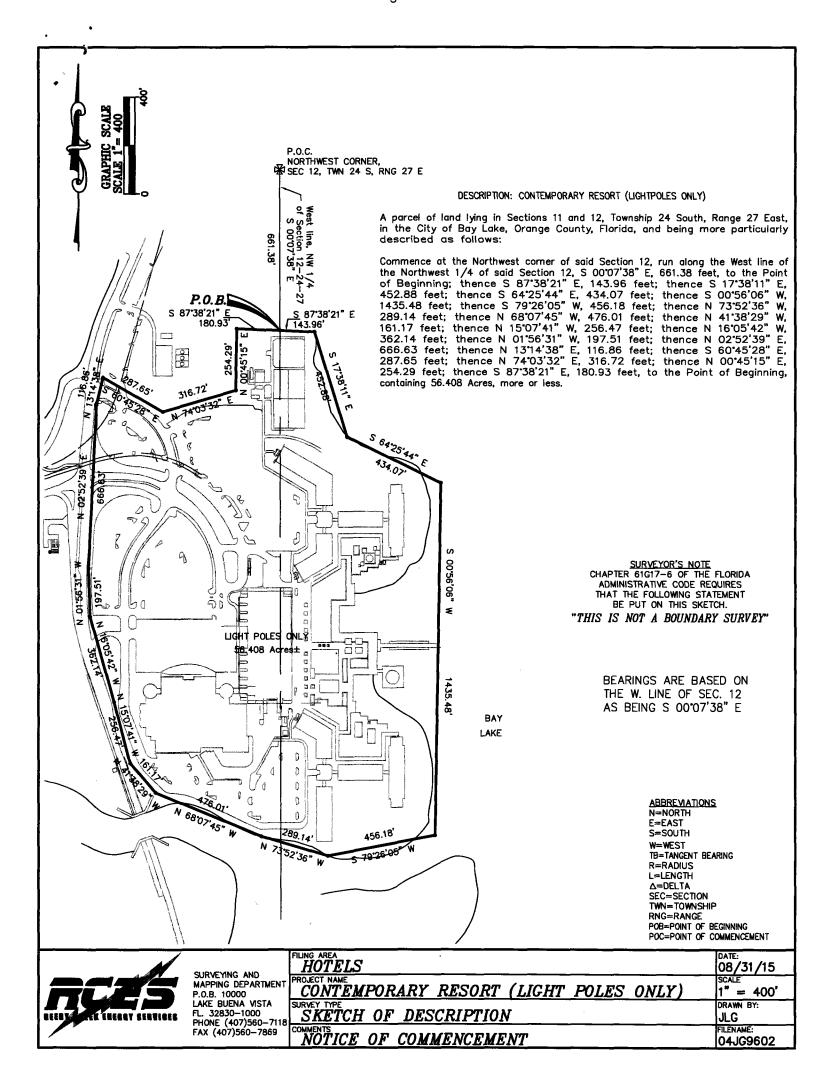
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Lake Buena Vista, FL 32830-1000

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

1.	(See a see a property) and see	treet address if available)
2	See Attached	
2.		
3.	General Construction Owner information or Lessee information if the Lessee contract	A - 4 E - 41 - 1 - 1
Э.		ted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from C	Owner listed above)
	Name	
,	Address	
4.	Contractor	
	Name Pooley Enterprises, Inc.	Telephone Number
_	Address 7131 Grand National Dr, Orlando, FL 32819	
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 Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Andra Haynes	Telephone Number
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date	e may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date of	
	10/30/2015	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CON	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXP ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713	1.13. FLORIDA STATUTES, AND CAN RESULT IN YOUR
THE	ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMN JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN I ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	FINANCING, CONSULT WITH YOUR LENDER OR AN
`		
Und sta	der penalty of perjury, I declare that I have read the foregoing no ted in it are true to the best of my knowledge and belief.	tice of commencement and that the facts
		10
	Andra	Harry TIT Really FAX
-	Signature of Owner or Lessee, or Owner's or Sign	nation/s-Printed Namo/Title/Office
Les	see's Authorized Officer/Director/Partner/Manager	Timed Name/Tile/Office
	45C	
The	foregoing instrument was acknowledged before me thisd	ay out pr (AIS, by TNARA ITCHING
		month/year
as	Authorized Signatory for	Walt Disney World Resort
_		of party on behalf of whom instrument was executed
		, , , , , , , , , , , , , , , , , , , ,
_	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notacy Public
	· · · · · · · · · · · · · · · · · · ·	Catalana and and a second
P	ersonally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles
		Kelty L Nobles My Commission EE 220221
Ty	rpe of ID Produced	Expires 07/29/2016



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

DOC# 20150465449 B: 10978 P: 3620 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



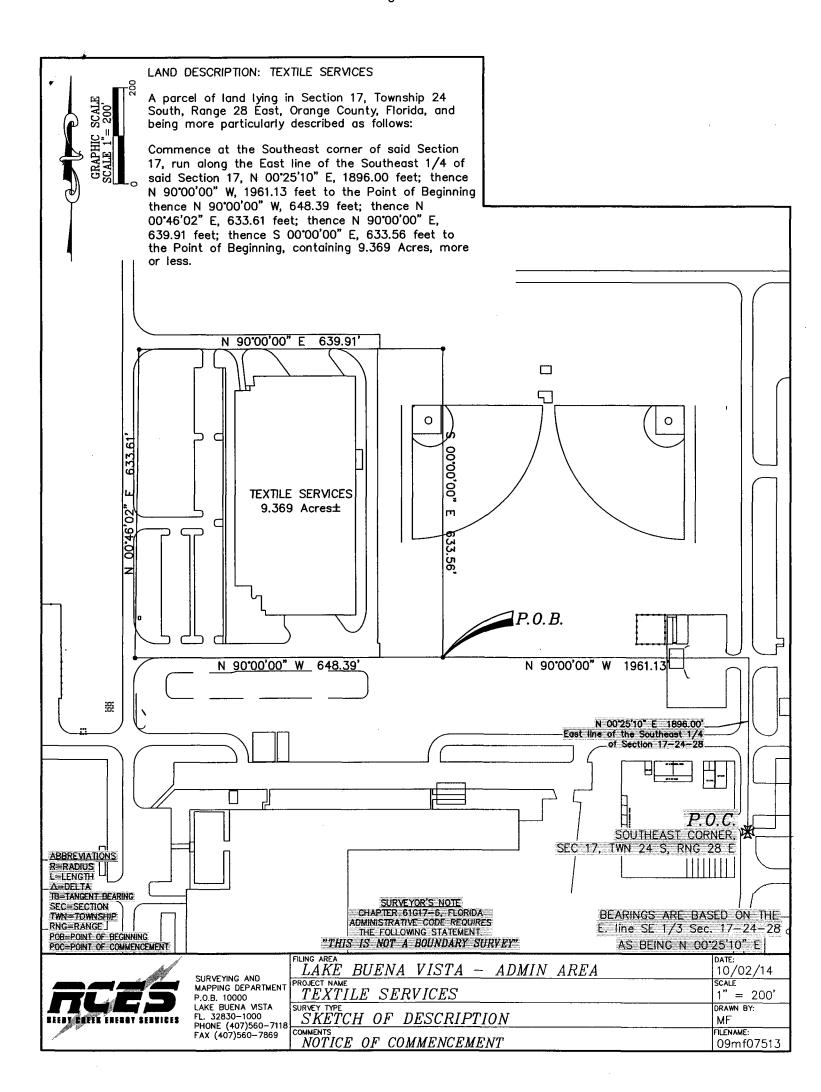
NOTICE OF COMMENCEMENT

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** (legal description of the property, and street address if available) See Attached General description of improvement General Construction Owner information or Lessee information if the Lessee contracted for the improvement Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Name Stanley Convergent Security Solution Telephone Number 407-236-7429 Address 1806 22rd St. Suite 200, Orlando, FL 32839 5. Surety (if applicable, a copy of the payment bond is attached) Name Telephone Number Address Amount of Bond \$ 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 Statutes. Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631 Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. Name Chris Dickman Telephone Number (407)828-1277 Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 10/10/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief. Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Authorized Signatory Walt Disney World Resort Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed ire of Notary Public - State of Florida Print, type, or stamp name of Notary Public Signa Notary Public State of Florida

Kelly L Nobles My Commission EE 220221

Expires 07/29/2016

Type of ID Produced



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Andra Haynes P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150465450 B: 10978 P: 3622 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

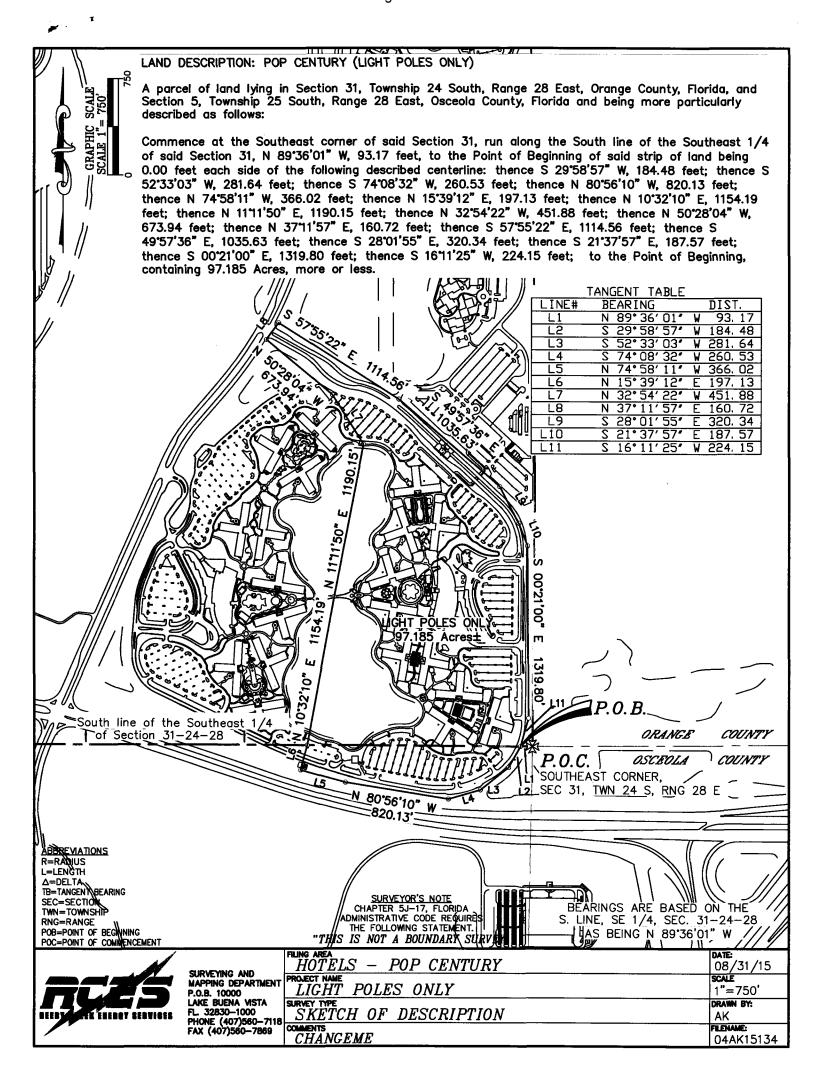


NOTICE OF COMMENCEMENT

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.
4. Description of property. (In all description of the property, and street address if qualitation)

General description of improvement	
General Construction	
Owner information or Lessee information if t	the Lessee contracted for the improvement
Name Walt Disney World Resort	• • • • •
Address P.O. Box 10000, Lake Buena Vista,	FL 32830
Interest in Property Owner	
Name and address of fee simple titleholder	(if different from Owner listed above)
Name	(ii dinorona nomi o milo notod aboro)
Address	
Contractor	
Name Pooley Enterprises, Inc.	Telephone Number
Address 7131 Grand National Dr, Orlando, FL	
Surety (if applicable, a copy of the payment both	
Name	
Address	Amount of Bond \$
Lender	-
Name	Telephone Number
Address	
_	ed by Owner upon whom notices or other documents may be
served as provided by Section 713.13(1)(b), F	Florida Statutes.
Name Judy Wells, Facility Asset Managemer	nt (FAM) Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, I	
In addition to himself or herself, Owner design	gnates the following to receive a copy of the Lienor's Notice as
provided by Section 713.13(1)(b), Florida Sta	tutes.
Name Andra Haynes	Telephone Number
Address P.O. Box 10000, Lake Buena Vista, I	Florida 32830-1000
	(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)
	10/30/2015
YING TWICE FOR IMPROVEMENTS TO YOUR PROPERT E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU FORNEY BEFORE COMMENCING WORK OR RECORDING der penalty of perjury, I declare that I have rea	ad the foregoing notice of commencement and that the facts
ited in it are true to the best of my knowledge	and belief.
	$A \cup A \cup A = i A \cup A$
Meldens	Andra Haynes The / FLANNER / 4
Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
seee \$ Authorized Officer/Director/Partner/Manager	
e foregoing instrument was acknowledged before	me this 3 day of pt 2015 by ANNA Hay No.
Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fac	
Type of auditority, e.g., officer, trustee, anothey in fac	. Name of perty on behalf of whom institutions was executed
Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Personally Known OR Produced ID	Notary Public State of Florida Kelly Ł Nobles
Type of ID Produced	My Commission EE 220221 Expires 07/29/2016



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Andra Haynes P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150465451 B: 10978 P: 3624 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

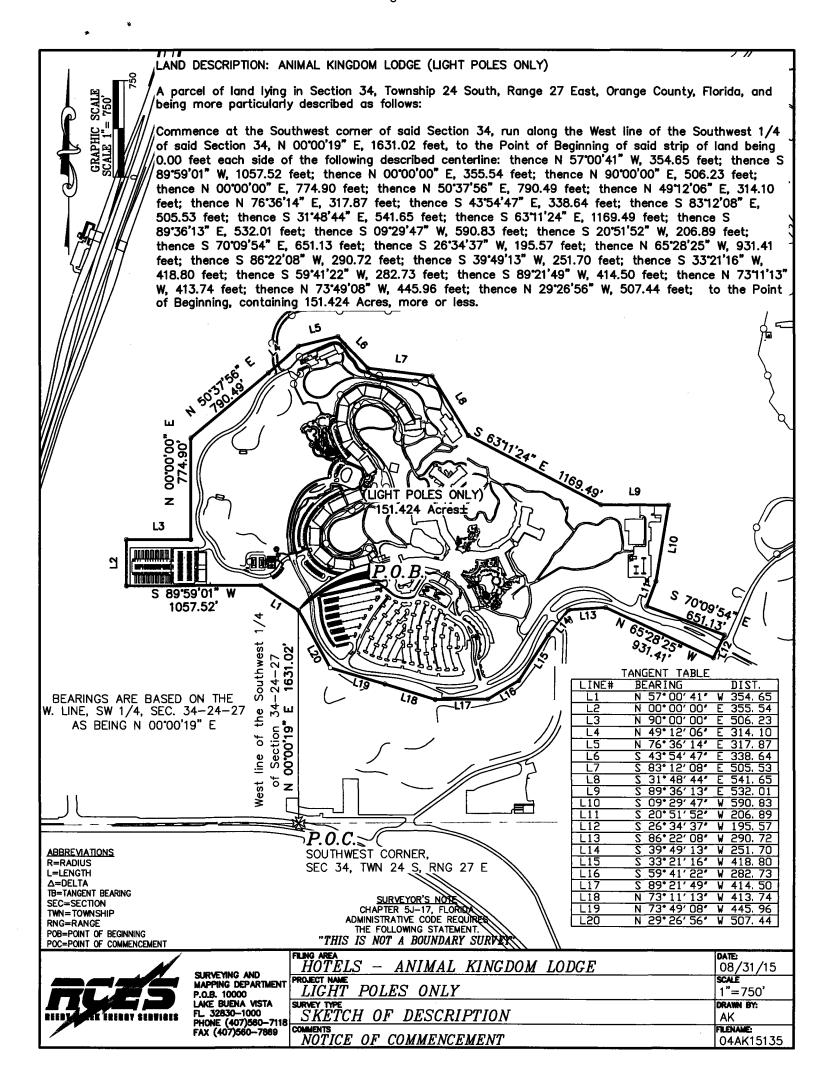


NOTICE OF COMMENCEMENT

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.

eral description of improvement	
•	
eral Construction	
er information or Lessee information if the Lessee con	tracted for the improvement
me Walt Disney World Resort	
dress P.O. Box 10000, Lake Buena Vista, FL 32830	
erest in Property Owner	
me and address of fee simple titleholder (if different fro	om Owner listed above)
me	
dress	
tractor	
me Pooley Enterprises, Inc.	Telephone Number
dress 7131 Grand National Dr, Orlando, FL 32819	
ety (if applicable, a copy of the payment bond is attached)	
me	Telephone Number
dress	Amount of Bond \$
der	
me	Telephone Number
dress	
ons within the State of Florida designated by Owner up	pon whom notices or other documents may be
ed as provided by Section 713.13(1)(b), Florida Statute	
me Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
dress P.O. Box 10000, Lake Buena Vista, Florida 32830-1	· · · · · · · · · · · · · · · · · · ·
ddition to himself or herself, Owner designates the folio	
rided by Section 713.13(1)(b), Florida Statutes.	
me Andra Haynes	Telephone Number
dress P.O. Box 10000, Lake Buena Vista, Florida 32830-1	
iration date of notice of commencement (the expiration	
final payment to the contractor, but will be 1 year from the d	·
10/30/2015	rate of recording unices a unicient date is specified)
	EVENDATION OF THE NOTICE OF COMMENCEMENT AND
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF C SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBT Y BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE O enalty of perjury, I declare that I have read the foregoin it are true to the best of my knowledge and belief.	IN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT.
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COSTE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBT Y BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CONTINUOUS PROPERTY. I declare that I have read the foregoin	IN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. IN TOTAL THE PROPERTY OF THE
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF C SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBT Y BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK OR RECORDING YOUR NOTICE OF THE PROPERTY OF THE PROPERTY OF THE PAYMENT OF THE PA	IN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT.
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF GITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CHAPTER OF THE PROPERTY OF THE PROPERTY OF THE PAYMENT	THE THE TIME OF TH
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF GITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CHAPTER OF THE PROPERTY OF THE PROPERTY OF THE PAYMENT	IN 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. IN TOTAL THE PROPERTY OF THE
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COSTE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK OR NOTICE OF COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOUR NOTIC	A 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. Ig notice of commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COSTE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOU	A 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT AND THE SIGNATURE OF COMMENCEMENT. Signatory's Printed Name/Title/Office Aday of 2015 by Anana Hoy MISS MAN AND AND AND AND AND AND AND AND AND A
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COME SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING	A 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. Ig notice of commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts A war a daylor to by Anana Hayling and the commencement and that the facts
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COSTE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOU	A 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. Signatory's Printed Name/Title/Office Aday of 2015 by Anara Hoyur Walt Disney World Resort
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF CIVIL SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOUR NOTICE OR TO WORK OR RECORDING YOUR NOTICE OR TO WORK OR TO WORK OR TOWN YOUR NOTICE OR TOWN YOUR NOTICE OR TOWN YOUR NOTICE OR T	A T13.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON TAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT AND THE FORMAL STATES AND TH
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COSTE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOU	A 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT AND THE SIGNATURE OF COMMENCEMENT. Signatory's Printed Name/Title/Office Aday of 2015 by Anana Hoy MISS MAN AND AND AND AND AND AND AND AND AND A
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIO WICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF CIVIL SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING YOUR NOTICE OR TO WORK OR RECORDING YOUR NOTICE OR TO WORK OR TO WORK OR TOWN YOUR NOTICE OR TOWN YOUR NOTICE OR TOWN YOUR NOTICE OR T	A T13.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON TAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT. BY NOTICE OF COMMENCEMENT AND THE FORMAL STATES AND TH



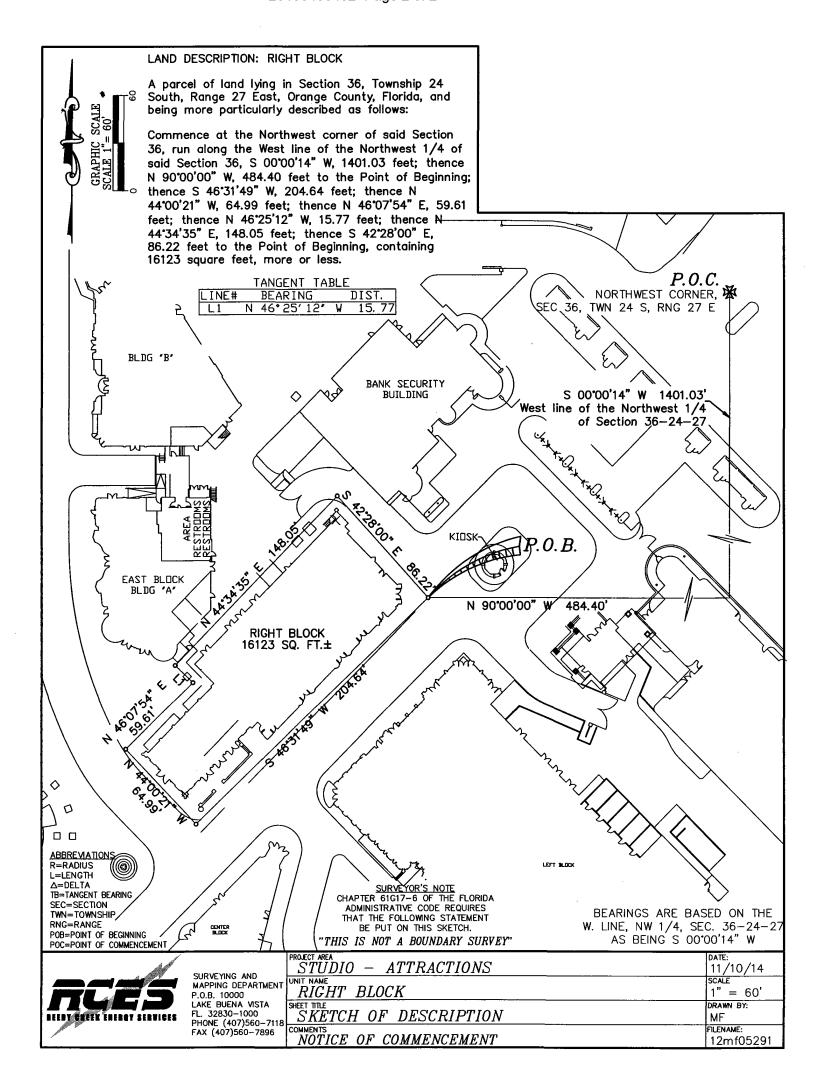
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Debbie Mize

P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150465452 B: 10978 P: 3626 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

Sta	ate of Florida, County of Orange	
Th	e undersigned hereby gives notice that improvement will be made to cert	ain real property, and in accordance with
Ch	apter 713, Florida Statues, the following information is provided in this No	otice of Commencement.
1.	Description of property (legal description of the property, and street	address if available)
	See attached Legal Description	
2.	General description of improvement	
	General Construction	
3.	Owner information or Lessee information if the Lessee contracted	for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	and the same of th
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from Own	er listed above)
	Name	
_	Address	
4.	Contractor	
	Name Southeastern Construction & Maint.	Telephone Number 407-933-7700
_	Address 4712 Old Tampa Hwy, Kissimmee, FL 34746	
5.	Surety (if applicable, a copy of the payment bond is attached)	T. I
	Name	Telephone Number
_		Amount of Bond \$
Ь.	Lender	Tale A No. 1
	Name	relephone Number
7	Address Persons within the State of Florida designated by Owner upon who	
۲.		om notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes. Name _Judy_Wells, Facility Asset Management (FAM)	Tolophono Number (407) 030 4524
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	relephone Number (407) 939-4031
я	In addition to himself or herself, Owner designates the following to	receive a conv of the Liener's Notice as
O,	provided by Section 713.13(1)(b), Florida Statutes.	receive a copy of the Lienor's Hotice as
		Telephone Number (407) 560-4819
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	Telephone Number (407) 300-4515
9.	Expiration date of notice of commencement (the expiration date m	av not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date of re	•
	12/31/2015	,
WA	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRA	TION OF THE NOTICE OF COMMENCEMENT ARE
CO	NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,	FLORIDA STATUTES, AND CAN RESULT IN YOUR
	ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMEN: JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINA	
	ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMI	
Un	der penalty of perjury, I declare that I have read the foregoing notice ted in it are true to the best of my knowledge and belief.	of commencement and that the facts
Sta	ted in it are tide to the best of thy knowledge and belief.	, , , , , , , , , , , , , , , , , , , ,
	Dolar JAMI STEPLAJ	MILE FAM PRO! Mad Assoc
1	Lenge July Sepund	1.10 1.10 1.10 1.10 1.10 1.10 1.10 1.10
•		ry's Printed Name/Title/Office
Les	ssee's Authorized Officer/Director/Partner/Manager	0 + 1
The	e foregoing instrument was acknowledged before me this 3 day	01/201 2015by DESCA M:2 E
		nonth/year
.	Authorized Signatory for	Walt Disney World Resort
as.		
	Type of authority, e.g., officer, trustee, attorney in fact Name of p	arty on behalf of whom instrument was executed
	1)	
- 3	Signature of Notary Public - State of Florida Print	, lype, or stamp name of Notary Public
	- grader and control of the state of the sta	, year a stating name of Hours I dollo
Р	ersonally Known X OR Produced ID	·~~~~~~~~~
	· · · · · · · · · · · · · · · · · · ·	Notary Public State of Florida
Т	ype of ID Produced	Kelly L Nobles
		My Commission EE 220221 Expires 07/29/2016
	di d	L Office Evaluation



Permit Number:

Permit Number:
Folio/Parcel Identification Number:
H037a04

Walt Disney World Resort - FAM Attn: Kent (Robert) Bradley

P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOCH 20150465453 B: 10978 P: 3628 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

Expires 07/29/2016

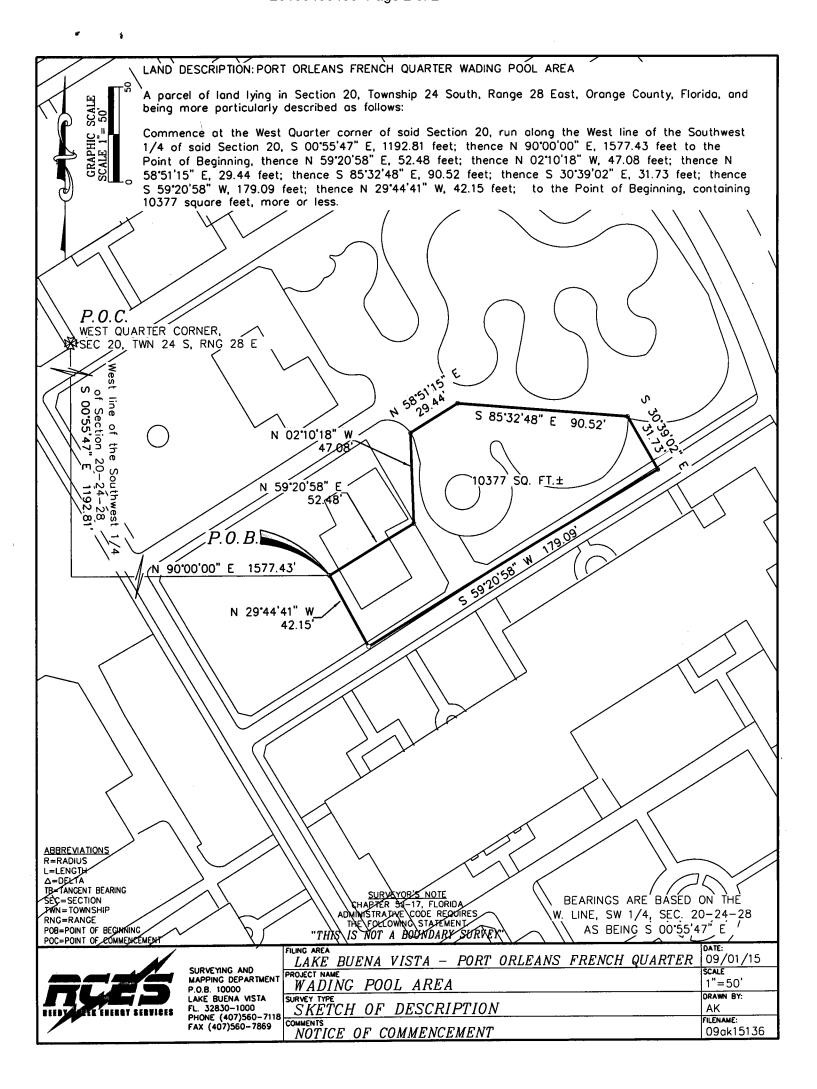


NOTICE OF COMMENCEMENT

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 (legal description of the propert SEE ATTACHED	ty, and street address if available)
General description of improvement	
CONTRACTOR GENERAL CONDITIONS	
Owner information or Lessee information if the Lessee	contracted for the improvement
Name Walt Disney World Resort	
Address P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property Owner	
Name and address of fee simple titleholder (if differe	ant from Owner listed above)
Name	and from Owner listed above)
Address	
Contractor	
	Tolonhono Number (407) 647 2224
Name Vanson Enterprises Inc	Telephone Number (407) 647-2334
Address 1231 Kindel Avenue, Winter Park , FL 32789	
Surety (if applicable, a copy of the payment bond is attach	· ·
Name	
Address	Amount of Bond \$
Lender	
Name	Telephone Number
Address	
Persons within the State of Florida designated by Own	er upon whom notices or other documents may be
served as provided by Section 713.13(1)(b), Florida Sta	itutes.
Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
Address P.O. Box 10000, Lake Buena Vista, Florida 328	330-1000
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 Statutes.	
Name Kent (Robert) Bradley	Telephone Number (407)939-4771
Address P.O. Box 10000, Lake Buena Vista, Florida 328	330-1000
Expiration date of notice of commencement (the expir	ration 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)
02/26/20	016
RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SE ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOT HER DESCRIPTION OF THE PROPERTY. IN COMMENCING WORK OR RECORDING YOUR NOT HER DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PAYMENT OF	ECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR E OF COMMENCEMENT MUST BE RECORDED AND POSTED ON DO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN TICE OF COMMENCEMENT. Segoing notice of commencement and that the facts
Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
ssee's Authorized Officer/Director/Partner/Manager	12 0 - 1 -
foregoing instrument was acknowledged before me this	day of 12015 by R. Keut Branchiyear
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
ype of ID Produced	Kelly L Nobles My Commission EE 220221



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

DOC# 20150465454 B: 10978 P: 3630 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



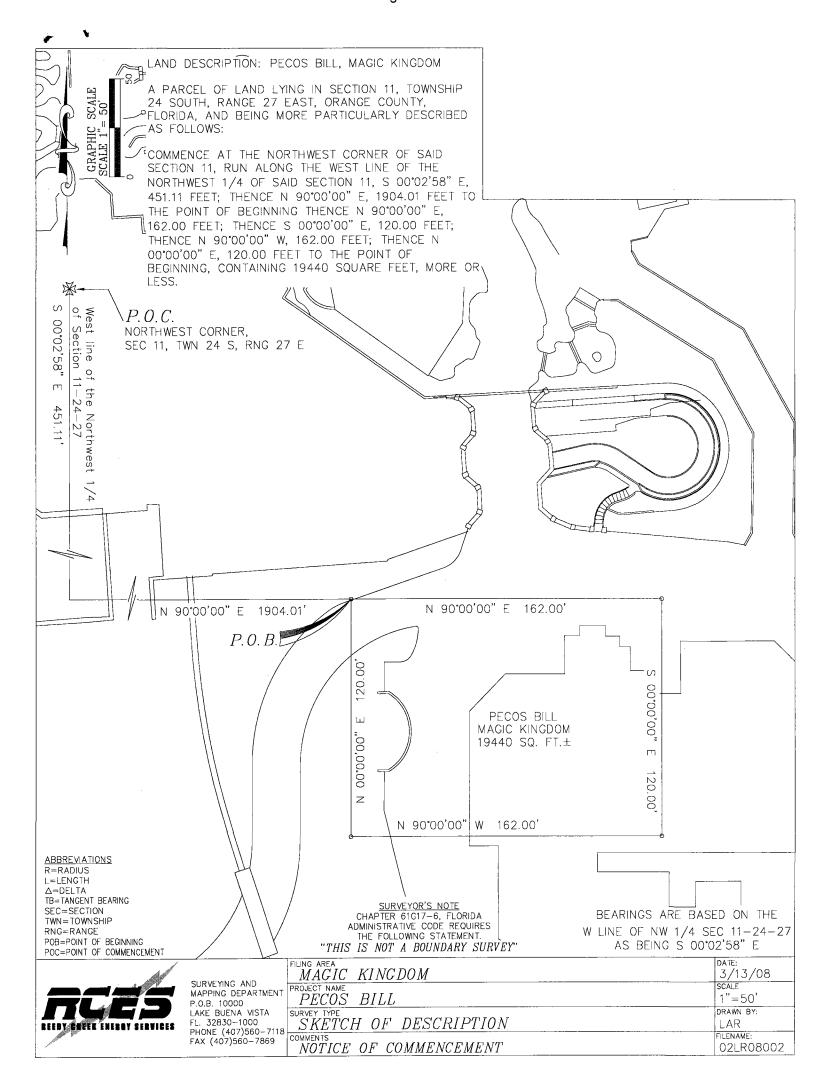
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Lake Buena Vista, FL 32830-1000

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

2. General Construction 3. Owner Information of Lessee Information if the Lessee contracted for the improvement Name Walt Disney World Resort Name Walt Disney World Resort Name Walt Disney World Resort Name Son Disney World Resort Name and address of fee simple titleholder (if different from Owner listed above) Name Name and address of fee simple titleholder (if different from Owner listed above) Name Name Bruns Inc. Address A. Contractor Name Bruns Inc. Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address A. Telephone Number Address A. Amount of Bond \$ 1. Lender Name Address P.O. Box 1000, Lake Busen Vista, Florida Statutes. Name Judy Wells, Facility Asset Management (FAM) Address P.O. Box 10000, Lake Busen Vista, Florida 32830-1000 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. Name Milke R. Miller Address P.O. Box 10000, Lake Busen Vista, Florida 32830-1000 8. 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) 992522015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED INFOORMENT ARMEN'S IMDRES CHAPTER TS, PART I, SECTION 1715, I, CORIDA STATUTES, AMD CAN RESULT IN YOUR THE VISION FOR AMERICAN Public Vision For the Signature of Chemic Or Lassee's Authoriced Officer/Director/Parmen/Manager The foregoing instrument was acknowledged before me this Signature of Owner American Public State of Florida Print, lype of alphority e.g., officer, frustee, attorney in fact Print, lype, or stemp name of Notary Public Fignature of Notary Public State of Florida Print, lype, or stemp name of Notary Public Pressonally Known Authorized Signatory Walt Disney World Resort Name Orl party	1.	Description of property (legal description of the property, a See Attached	nd street address if available)
General Construction Owner Information or Lessee Information if the Lessee contracted for the Improvement Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Name Bruns inc Address P.O. Box 981, Windermere _FL 34786 S. Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ 6. Lander Name Address 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 Statutes. 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 Statutes. Name Mike R. Miller 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) 90/25/2015 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 ARE CONSIDERED IMPROPER PAYMENTS IN DESCRIPT TRIS, PAYTI, SECTION 113, 13, FLORIDA STATUTES, AND CAM RESULT IN YOUR PAYMENT WOR FAYMENT WOR ENDERS ON A RESULT IN YOUR PAYMENT WICE FOR IMPROPER PAYMENTS IN DESCRIPT TRIS, PAYTI, SECTION 113, 13, FLORIDA STATUTES, AND CAM RESULT IN YOUR PAYMENT WOR ENDERS ON A RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury declare that I have read the foregoing notice of commencement and that the facts stated in Are try to great the payment of Notary Public. Signature of Notary Public - State of Florida Pe	2		
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 Visita, FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ Address P.O. Box 10000, Lake Buena Visits, Florida Statutes. Name Judy Wells, Facility Asset Management (FAM) Address P.O. Box 10000, Lake Buena Visits, Florida 32830-1000 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. Name Mike R. Miller Address P.O. Box 10000, Lake Buena Visits, 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) 90/25/2015 90/25/2	۷.		
Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 Surety (if applicable, a copy of the payment bond is attached) Name Address P.O. Box 981, Windermere , FL 34786 Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond S 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 Statutes. 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 Statutes. Name Mike R. Miller 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) 99. Expiration To owner: Any Payment's Mape By THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED Improver Payment's Involve Reporterly, a Notice of Commencement and that the facts stated by A are typically declare that I have read the foregoing notice of commencement and that the facts stated by A are typically declare that I have read the foregoing notice of commencement and that the facts stated by A are typically Public - State of Florida Personally Known Authorized Signatory Type of lot Produced Print, type, or stamp name of Notary Public Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public	2		ntunated for the improvement
Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Name Bruns Inc Address P.O. Box 981, Windermere , FL 34766 5. Surety (if applicable, a copy of the payment bond is attached) Name Address P.O. Box 981, Windermere , FL 34766 6. Lender Name	J.		ntracted for the improvement
Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address Contractor Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ 6. Lender Name Address Amount of Bond \$ 6. Lender Name Address Amount of Bond \$ 8. Lender Name Address P.O. Box 10000, Lake Buena Vista, Florida Statutes. 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 Statutes. Name Mike R. Miller 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 IN DEER CHAPTER 713, PART (SECTION 173.13, PLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMENT WINCE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT AND THE SECOND AND THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMEN			
Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address Address Amount of Bond \$ 6. Lender Name 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 Statutes. 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 Statutes. Name Mike R. Miller 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) 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) 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) 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) 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) 9. Expiration date of notice of			
Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name 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 Statutes. 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 Statutes. Name Mike R. Miller 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) 99/25/2015 WARNING TO OWNER ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE or COMMENCEMENT MADE TO NOTICE OF COMMENCEMENT MADE TO NOTICE OF INTERCOMENCEMENT AND ADDRESS AND ANA REPSYLENT NO NOTICE OF COMMENCEMENT MADE TO NOTICE			
Address P.O. Box 281, Windermere FL 34786 Surety (if applicable, a copy of the payment bond is attached) Name		Name and address of fee simple titleholder (if different fr	om Owner listed above)
4. Contractor Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ Lender Name Address Amount of Bond \$ Lender Name Address Amount of Bond \$ Lender Name Address Address Address Amount of Bond \$ Lender Name Address Address Name Address Name Address Name Address Name Address Name Address No Bond 1000, 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) 90/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED MRPOPER PAYMENTS INDER CHAPTER T13, PAST I, SECTION 713-13, FORDING STATUTES AND CAN BESULT IN YOUR PAYMEN TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE RIST 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 Adeclare that I have read the foregoing notice of commencement and that the facts stated in A are true to follow five former Managaer The foregoing instrument was acknowledged before me this Signature of Notary Public - State of Florida Personally Known OR Produced ID Print, type, or stamp name of Notary Public N		Name	
Name Bruns Inc Address P.O. Box 981, Windermere , FL 34786 5. Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ 6. Lender Name Address Amount of Bond \$ 7. Personal within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes. 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 Statutes. Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SCENON 713.13, PLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMENT WICE OR IMPROVEMENTS TO YOUR PROPERTY, A NOTICE OF COMMENCEMENT. Under penalty of perjury. Acclare that I have read the foregoing notice of commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencement and that the facts stated in practice of Commencemen		Address	· · · · · · · · · · · · · · · · · · ·
Address P.O. Box 981, Windermere , FL 34786 Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ Chender Address Amount of Bond \$ Chender Address Telephone Number Address Telephone Number Address Name Address Telephone Number Address Name 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 Statutes. Name Mike R. Miller 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) 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) 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) Expiration date of notice of commencement and the possible of the contractor of the	4.	Contractor	
Address P.O. Box 981, Windermere , FL 34786 Surety (if applicable, a copy of the payment bond is attached) Name Address Amount of Bond \$ Chender Address Amount of Bond \$ Chender Address Telephone Number Address Telephone Number Address Name Address Telephone Number Address Name 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 Statutes. Name Mike R. Miller 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) 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) 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) Expiration date of notice of commencement and the possible of the contractor of the		Name Bruns Inc	Telephone Number (407) 827-4338
5. Surety (if applicable, a copy of the payment bond is attached) Name 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 Statutes. 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 Statutes. Name Mike R. Miller Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 8. 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) 925/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMO THICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED POSTED ON THE JOB SITE BEFORE THE RIST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENTS OF THE RIST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENTS OF OWNER AND FOR THE AND THE FORMER OF THE RIST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MUST BE RECORDED TO POSTED ON Monthly year Under penalty of perjury. J Geclare that I have read the foregoing notice of commencement and that the facts stated in JR are troe to disposit for your knowledge and belief. Walt Disney World Resort Name of party on behalf of whom instrument was executed Personally Known OR Produced ID Walt Disney World Resort Notary Public State of Florida Personally Known ON Produced ID Wal			
Name Address Amount of Bond \$ 6. Lender Name 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 Statutes. 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 Statutes. Name Mike R. Miller 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) 9. Expiration date of notice of volumencement (the expiration of the mortice of commencement and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. Expiration date of notice of commencement (the expiration of the mortice of commencement and that the septiment of the provided payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. Expiration date of notice of commencement and payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. Expiration of the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. Expiration of the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. Expiration of the mortice of commencement and that make is a provided payment of the payment	5		
Address Addres	٥.	• · · · · · · · · · · · · · · · · · · ·	
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 Statutes. 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 Statutes. Name Mikle R. Miller 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) 93(25)2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYNED 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 OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENTS TO YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON AN ATTORNEY BEFORE COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST THIS PECTION. IF YOU INTEND TO OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT MADE AND THE NOTICE OF COMMENCEMENT. Under penalty of Derjury declare that I have read the foregoing notice of commencement and that the facts stated lipit are traded to find the provided Before me this Signature of Quene or Lessee, or Owner's or Signature of Motary Public Final Representation of State of Florida Final Representation of State of Florida			
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 Statutes. 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 Statutes. Name Mike R. Miller 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) 9. 9. Expiration date of notice of commencement (the expiration of the Notice of Commencement and Final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 9. 9. Expiration date of notice of commencement (the expiration of the Notice of Commencement and Payment To the Consideration of the Consideration of the Consideration of the Notice of Commencement and Payment To the Consideration of the Notice of Commencement and Payment To the Consideration of the Notice of Commencement and that the facts of Signature of Consideration of the Notice of Commencement and that the facts of Signature of Consideration of Notary Public - State of Florida Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Personalty Known OR Produced ID Personalty Known OR Produced ID Personalty Known OR Produced ID Notary Public State of Florida Notary Public State of Florida Type of ID Produced Notary Public State of Florida	^		Amount of Bond \$
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 Statutes. 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 Statutes. Name Mike R. Miller Telephone Number (407)828-1402 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORE THE RIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE THE FIRST INSPECTION. If YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE THE FIRST WAS RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury, **Adeclare that I have read the foregoing notice of commencement and that the facts stated in yit are true to rise observed on the province of the province of party on behalf of whom instrument was executed Signature of Notary Public - State of Florida Personally Known OR Produced ID Print, type, or stamp name of Notary Public Notary Public State of Florida Type of	ь.		7.1.1. 11.1.1
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 Statutes. 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 Statutes. Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAM RESULT IN YOUR PAYMENT, 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 THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT. Under penalty of perjury 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 wind 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 Personally Known OR Produced ID Print, type, or stamp name of Notary Public			l elephone Number
Served as provided by Section 713.13(1)(b), Florida Statutes. 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 Statutes. Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury declare that I have read the foregoing notice of commencement and that the facts stated in it are true to fill post of my knowledge and belief. Signature of Qwinef or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this Signature of Winef or Lessee, or Owner's or Value of Post of Manager Intellection of Walth Disney World Resort Name of party on behalf of whom instrument was executed Personally Known OR Produced ID Print, type, or stamp name of Notary Public Personally Known OR Produced ID Notary Public State of Florida Kelly L Nobles Mall Commission EE 220221			
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 Statutes. Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART, 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 OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjuny declare that I have read the foregoing notice of commencement and that the facts stated in it are true to frequency of the commencement and that the facts stated in it are true to frequency of the commencement and that the facts stated in it are true to frequency of the commencement and that the facts stated in it are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its are true to frequency of the commencement and that the facts stated in its area of the commencement and that the facts stated in its area of the com	7.	Persons within the State of Florida designated by Owner u	pon whom notices or other documents may be
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. Name Mike R. Miller		served as provided by Section 713.13(1)(b), Florida Statute	98.
8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER FITER 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 OBSTAIN FINANCINS, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury declare that I have read the foregoing notice of commencement and that the facts stated in a rer true to the best of my knowledge and belief. Walt Disney World Resort Type of authority, e.g., officer, trustee, attorney in fact OR Produced ID Personally Known OR Produced ID Personally Known OR Produced ID 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 Kelly L Nobles Kelly L Nobles Kelly L Nobles Kelly L Nobles Type of ID Produced		Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
Provided by Section 713.13(1)(b), Florida Statutes. Name Mike R. Miller		Address P.O. Box 10000, Lake Buena Vista, Florida 32830-	1000
Provided by Section 713.13(1)(b), Florida Statutes. Name Mike R. Miller	8.	In addition to himself or herself. Owner designates the following	owing to receive a copy of the Lienor's Notice as
Name Mike R. Miller 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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 7/13, PART I, SECTION 1713.13, 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury. 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 Qwner or Lessee, or Owner's or Lessee's Authorized Olficer/Director/Partner/Manager The foregoing instrument was acknowledged before me this	-	,	
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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDAS 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 declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this 3 Authorized Signatory for Walt Disney World Resort Type of authority, e.g., officer, trustee, attorney in fact Personally Known OR Produced ID Notary Public State of Florida Print, type, or stamp name of Notary Public Walt Disney Public State of Florida Print, type, or stamp name of Notary Public Walt Disney Public State of Florida Print, type, or stamp name of Notary Public Walt Commission EE 220221			Telephone Number (407)828-1402
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) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury Adeclare that I have read the foregoing notice of commencement and that the facts stated in A are trae 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 for Walt Disney World Resort Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Signature of Notary Public State of Florida Print, type, or stamp name of Notary Public Foresonally Known OR Produced ID Personally Known OR Produced ID Walt Disney World Resort Notary Public State of Florida Foresonally Known Notary Public State of Florida Kelly L Nobles My Commission EE 220221			
and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 09/25/2015 WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OSTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury. Declare that I have read the foregoing notice of commencement and that the facts stated in it are tractory declare that I have read the foregoing notice of commencement and that the facts stated in it are tractory declare that I have read the foregoing notice of commencement and that the facts 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 OR Produced ID Print, type, or stamp name of Notary Public Figure 10 Produced Notary Public State of Florida Print, type, or stamp name of Notary Public Kelly L. Notary Kelly L. Notary My Commission EE 220221	_		
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 173, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN 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 declare that I have read the foregoing notice of commencement and that the facts stated in it are true to rise best of my knowledge and belief. Signature of Qwner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this 340 day of 1900 for Walt Disney World Resort Type of authority, e.g., officer, trustee, attorney in fact OR Produced ID Personally Known A OR Produced ID Type of ID Produced Type of ID Produced MY Commission EE 220221	9.	·	•
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 declare that I have read the foregoing notice of commencement and that the facts stated in it are true to dispose of my knowledge and belief. Signature of Qwner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this		, -	date of recording unless a different date is specified)
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. 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 dwine or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager The foregoing instrument was acknowledged before me this		09/25/2015	
Signature of Qwner or Lessee, or Owner's or Lessee's 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 Personally Known OR OR Produced ID Type of ID Produced Signature of Notary Public State of Florida Print, type, or stamp name of Notary Public Kelty L. Notary Public State of Florida Kelty L. Nobles My Commission EE 220221	CO! PAY THE	ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF I JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OB	ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON TAIN FINANCING, CONSULT WITH YOUR LENDER OR AN
Signature of Qwner or Lessee, or Owner's or Lessee's 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 Personally Known OR OR Produced ID Type of ID Produced Signature of Notary Public State of Florida Print, type, or stamp name of Notary Public Kelty L. Notary Public State of Florida Kelty L. Nobles My Commission EE 220221	Un	der penalty of periury. A declare that I have read the foregoin	ng notice of commencement and that the facts
The foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Personally Known OR Produced ID Type of ID Produced Type of ID Produced Type of ID Produced Type of ID Produced Authorized Signatory for Walt Disney World Resort Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Kelly L Nobles My Commission EE 220221			
The foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Personally Known OR Produced ID Type of ID Produced Type of ID Produced Type of ID Produced Type of ID Produced Authorized Signatory for Walt Disney World Resort Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Kelly L Nobles My Commission EE 220221		the of IDA (1)	11/800
The foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Personally Known OR Produced ID Type of ID Produced Type of ID Produced Type of ID Produced Type of ID Produced Authorized Signatory for Walt Disney World Resort Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Kelly L Nobles My Commission EE 220221	_		Alla land Allac All
The foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, attorney in fact Personally Known OR Produced ID Type of ID Produced Type of ID Produced Type of ID Produced Type of ID Produced Authorized Signatory for Walt Disney World Resort Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Kelly L Nobles My Commission EE 220221	_	Wig Agrica	MAICHOELX ANGEL AM
The foregoing instrument was acknowledged before me this	/		Signatory's Printed Name/Title/Office
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 Personally Known A OR Produced ID Type of ID Produced Type of ID Produced Authorized Signatory For 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 Kelly L Nobles Type of ID Produced	Les	see's Authorized Officer/Director/Partner/Manager	. 0. 11.
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 Personally Known A OR Produced ID Type of ID Produced Type of ID Produced Authorized Signatory For 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 Kelly L Nobles Type of ID Produced	The	formacing instrument was asknowledged before me this	RD day of the A 2015 by M. a local of Mills
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 Personally Known OR Produced ID Type of ID Produced Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Notary Public State of Florida Kelly L Nobles Type of ID Produced	HIE	rioregoing institutient was acknowledged before the this	month/year
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 Personally Known OR Produced ID Type of ID Produced Name of party on behalf of whom instrument was executed Print, type, or stamp name of Notary Public Notary Public State of Florida Kelly L Nobles Type of ID Produced			mondryea
Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public Personally Known OR Produced ID Type of ID Produced Notary Public State of Florida Kelly L Nobles My Commission EE 220221	as	Authorized Signatory for	Walt Disney World Resort
Personally Known X OR Produced ID Notary Public State of Florida Type of ID Produced My Commission EE 220221		Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
Personally Known X OR Produced ID Notary Public State of Florida Type of ID Produced My Commission EE 220221		· · · · · · · · · · · · · · · · · · ·	
Personally Known X OR Produced ID Notary Public State of Florida Type of ID Produced My Commission EE 220221		1 /	
Personally Known X OR Produced ID Notary Public State of Florida Type of ID Produced My Commission EE 220221			
Personally Known X OR Produced ID Notary Public State of Florida Type of ID Produced My Commission EE 220221	_	Signature of Natary Bublic State of Florida	Print tune of stamp game of Notary Bublic
Type of ID Produced My Commission EE 220221		Signature of Notary Public - State of Florida	Finit, type, or stamp name or Notary Public
Type of ID Produced My Commission EE 220221		V 00 5-4-4-10	\$~~~~~~~ <u>*</u>
Type of ID Produced	P	ersonally Known UK Produced ID	
	_		
	T	ype of ID Produced	My Commission EE 220221 Expires 07/29/2016



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

Lake Buena Vista, FL 32830-1000

Type of ID Produced

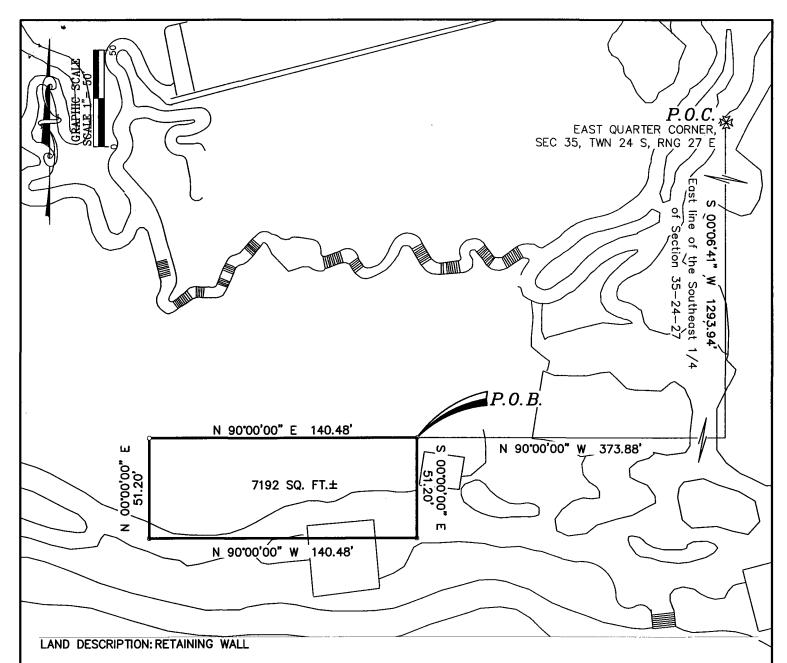
DOC# 20150465455 B: 10978 P: 3632 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

My Commission EE 220221 Expires 07/29/2016



NOTICE OF COMMENCEMENT

Sta	ate of Florida, County of Orange	
	e undersigned hereby gives notice that improvement will be r	
Ch	apter 713, Florida Statues, the following information is provid	
1,		y, and street address if available)
2.	General description of improvement	
	General Construction	
3.		•
	Name Walt Disney World Resort	A CONTRACTOR OF THE PROPERTY O
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if differen	nt from Owner listed above)
	Name	
	Address	
4.		
		Telephone Number (407) 827-4338
	Address P.O. Box 981, Windermere , FL 34786	
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	and the state of t
7	Persons within the State of Florida designated by Owne	· · ·
	served as provided by Section 713.13(1)(b), Florida Stat	
		Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283	
8.	In addition to himself or herself, Owner designates the	following to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Debbie Mize	Telephone Number (407) 560-4819
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283	
9.	Expiration date of notice of commencement (the expiration	·
	and final payment to the contractor, but will be 1 year from t	
	01/15/20	
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER 4SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SE 1/1NG TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE 1: JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE.	CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN
	der penalty of perjury, I declare that I have read the foreg ted in it are true to the best of my knowledge and belief.	joing notice of commencement and that the facts
1	() (DEA J. M. ZelWOW FAM Proj. Mg R. ASSOC
1 01	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
1.0	asce a Admonized Officer Directory at the manager	~ 40 () $\sim 10^{-10}$
The	e foregoing instrument was acknowledged before me this	day of Jois, by DEBRA / liz & month/year
as	Authorized Signatory fo	or Walt Disney World Resort
	Type of authorityne.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
	1	
	4/	
****	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
		aa a a a a a a a a a a a a a a a a a a
Р	ersonally Known OR Produced ID	Notary Public State of Florida



A parcel of land lying in Section 35, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the East Quarter corner of said Section 35, run along the East line of the Southeast 1/4 of said Section 35, S 00°06'41" W, 1293.94 feet; thence N 90°00'00" W, 373.88 feet to the Point of Beginning, thence S 00°00'00" E, 51.20 feet; thence N 90°00'00" W, 140.48 feet; thence N 00°00'00" E, 51.20 feet; thence N 90°00'00" E, 140.48 feet; to the Point of Beginning, containing 7192 square feet, more or less.

ABBREVIATIONS R=RADIUS L=LENGTH Δ=DELTA TB=TANGENT BEARING

SEC=SECTION

TWN=TOWNSHIP RNG=RANGE POB=POINT OF BEGINNING POC=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 E. LINE, SE 1/4, SEC. 35-24-27

AS BEING S 00.06'41" W



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

FILING AREA	DATE:
BLIZZARD BEACH	09/01/15
PROJECT NAME	SCALE
RETAINING WALL	1"=50'
SURVEY TYPE	DRAWN BY:
SKETCH_OF_DESCRIPTION	AK
COMMENTS FILENAME:	
NOTICE OF COMMENCEMENT	16ak15137

Prepared by/record and return to:

Walt Disney World Co. Facilit *reet Management Attn: 3403 Vista Divo. Lube 45 P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150465456 B: 10978 P: 3634 09/03/2015 11:53:52 AM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



······		THIS SPACE FOR RECORDER'S USE	
Permit I	No.	Tax Folio No.	
		NOTICE OF COMMENCEMENT	
State of	Florida,	County of Osceola	
		hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter tutes, the following information is provided in this notice of commencement.	
1.	Descript See Atta	tion of property: (legal description of property, and street address, if available).	
2.	General	Il description of improvements: Mechanical .	
3.			
32830-10	(a)	Name and address: Walt Disney World Hospitality & Recreation Corporation - PO Box 10000, Lake Buena Vista, Fl.	
32030° IC	(b)	Interest in property: Owner.	
	(c)	Name and address of fee simple titleholder (if other than Owner): N/A.	
4.	(a)	Contractor (name and address): Daikin Applied Americas, Inc.	
••	(b)	Contractor's phone number: 407-816-6350.	
5.	Surety:		
٠.	(a)	Name and address: N/A.	
	(b)	Phone Number: N/A.	
	(c)	Amount of Bond: \$N/A.	
6.	(a)	Lender (name and address): N/A.	
0.	(b)	Lender's Phone Number: N/A.	
7.	(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(1)(a)</u> 7., Florida Statutes: (name and address): Dave 11.5 , WDW Procurement Services Design & Construction, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000.	
	(b)	Phone numbers of designated persons: (407) 828-3582.	
8 _* ,	(a)	In addition to himself or herself, Owner designates Leslie Mckeeby of Disney Coronado Springs Resort to receive a copy of the Lienor's Notice as provided in Section <u>713.13(1)(b)</u> , Florida Statutes.	
	(b)	Phone number of person or entity designated by owner: 407-939-3010.	
9.		ion date of notice of commencement (the expiration date is 1 year from the date of recording unless a it date is specified): 30 days.	
COMME FLORIC NOTICE IF YOU	NCEMENDA STATE OF COM INTEND	OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF NT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A MMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. OTO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING ORDING YOUR NOTICE OF COMMENCEMENT.	
(er ow		LESCIE K. MKHRY Chief Engineer mature of Owner Signatory's Printed Name/Title/Office 1st Sept.	
Theffore	Huri	strument was acknowledged before me this 23 day of february, 2015, by Leslie Mckeeby, as for Walt Disney World Runts. (name of party on behalf of whom instrument was executed)	
	(Signa Illy Known ID Produ	A J A	
		The state of the s	

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

