

Permit Number: 2022-09-028
 Folio/Parcel ID #: 20-23-30-1618-00-600
 Prepared by: JEFFREY HALL CARPENTER'S COOLING
1831 TALLOKAS AVE
ORLANDO, FL 32805
 Return to: _____

DOC# 20220236668
 04/12/2022 08:29:42 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: CARPENTER'S COOLING



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, and street address if available)
4244 BELL TOWER CT BELLE ISLE FL 32812 CONWAY GROVES UNIT 1 36/3 LOT 60
2. **General description of improvement**
SWAP OUT OF EXISTING HVAC MECHANICAL EQUIPMENT LIKE FOR LIKE
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name PEMBERTON, NEIL & ANN
 Address 4244 BELL TOWER CT BELLE ISLE FL 32812
 Interest in Property OWNER
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name KEVIN CARPENTER (CARPENTER'S COOLING) Telephone Number 407-595-5946
 Address 1831 TALLOKAS AVE ORLANDO FL 32812
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

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

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

The foregoing instrument was acknowledged before me this 11 day of 4/22 by _____
 as _____ for _____
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

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

Personally Known _____ OR Produced ID X
 Type of ID Produced P156-636-34-417-0



Form content revised: 01/23/14

State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: P. D. Stabach, D.C.
 DATED: April 12, 2022





Ron DeSantis, Governor

Harvey Berhrens, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 485, FLORIDA STATUTES



LICENSE NUMBER: CA 1678573

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 PAYCHEX INSURANCE AGENCY
 150 Sawgrass Drive
 Rochester, NY 14620

INSURED
 Carpenters Cooling LLC
 3506 Raeford Rd
 Orlando, FL 32806-5754

CONTACT
 NAME: _____
 PHONE: _____ FAX: _____
 (A/C No. Ext): _____ (A/C No.)
 E-MAIL: _____
 ADDRESS: _____

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: NorGUARD Insurance Company	31470
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

WTR LTR	TYPE OF INSURANCE	COCL	INSUR	NO	W02	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER: _____								EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/PROP AGG \$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY								COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								EACH OCCURRENCE: \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATION below	Y/N			N/A	CAWC243447	08/25/2021	08/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH. BR. EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

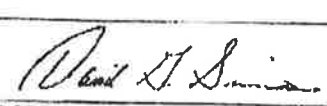
Employees: Full Time: 4; Part Time: 1 Governing Class Description: HEAT, VENT, AC, REFRIG. SYS-INST REP
 Exclusions:
 Kevin Carpenter, Member;

CERTIFICATE HOLDER

City of Belle Isle
 1600 Nela Avenue
 Belle Isle, FL 32809

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:


Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2021 **EXPIRES 9/30/2022**
5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE : 1804 CERT A/C CONTRACTOR \$30.00 5000-1165352
1 EMPLOYEE :

TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

CARPENTER KEVIN W

CARPENTERS COOLING LLC
3608 RAEFORD RD
ORLANDO FL 32808-8754

4625 LONGWORTH DR (MOBILE)
U - ORLANDO, 32812

PAID \$80.00 0998 01017821 8/30/2021

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1

2021 **EXPIRES 9/30/2022**
5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE : 1804 CERT A/C CONTRACTOR \$30.00 5000-1165352
1 EMPLOYEE :

TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00



CARPENTER KEVIN W

CARPENTERS COOLING LLC
3608 RAEFORD RD
ORLANDO FL 32808-8754

4625 LONGWORTH DR (MOBILE)
U - ORLANDO, 32812

PAID \$80.00 0098-01017821 8/30/2021

This receipt is official when validated by the Tax Collector

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



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04/12/2022

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PRODUCER MARVEL QUEVEDO INSURANCE, LLC 1711 HOFFNER AVENUE BELLE ISLE, FL 32809 (407) 737-7778 phone	CONTACT NAME: MARVEL QUEVEDO	
	PHONE (A/C, No, Ext): 407-737-7778	FAX (A/C, No): 407-737-7779
	E-MAIL ADDRESS: Marvel.Q@Allstate.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED CARPENTER'S COOLING LLC c/o KEVIN CARPENTER 3506 RAEFORD RD, ORLANDO FL 32806	INSURER A: HISCOX INSURANCE CO INC 10200	
	INSURER B: ALLSTATE INSURANCE CO 09020	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		P100 186 616 3	4/2/22	4/2/23	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
B	AUTOMOBILE LIABILITY		648799821	1/29/22	1/29/23	COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$ 100,000	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$ 300,000	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$ 100,000	
						\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AC Maintenance and installation

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Marvel Quevedo

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