

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Michael Manuel Spivey © 689-200-5059 markspiveyjr@protonmail.com	
B. Email Address	
C. SEND ACKNOWLEDGEMENT TO: Name Michael Manuel Spivey © Address In care of: 429 New York Avenue Apartment B Address City/State/Zip Saint Cloud, Florida near[34769]	

FLORIDA SECURED TRANSACTION REGISTRY

FILED

2024 Jun 10 02:12 PM

***** 202401540707 *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names

1.a ORGANIZATION'S NAME MICHAEL MANUEL SPIVEY TRUST				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 429 NEW YORK AVE. APT B		This space not available.		
MAILING ADDRESS Line Two	CITY ST CLOUD	STATE FL	POSTAL CODE 34769	COUNTRY US

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

2.a ORGANIZATION'S NAME				
2.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b)

3.a ORGANIZATION'S NAME				
3.b INDIVIDUAL'S SURNAME Spivey	FIRST PERSONAL NAME Michael	ADDITIONAL NAME(S)/INITIAL(S) Manuel	SUFFIX	
3.c MAILING ADDRESS Line One In care of: 429 New York Avenue Apartment B		This space not available.		
MAILING ADDRESS Line Two	CITY Saint Cloud	STATE Florida	POSTAL CODE near[34769]	COUNTRY usA

4. This FINANCING STATEMENT covers the following collateral:

THIS IS ACTUAL AND CONSTRUCTIVE NOTICE THAT ALL ASSETS, PROPERTY, AND INTERESTS HELD BY THE DEBTOR, INCLUDING BUT NOT LIMITED TO ALL ACCOUNTS, GOODS, INVENTORY, EQUIPMENT, DOCUMENTS, INSTRUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, INVESTMENT PROPERTY, AND PROCEEDS THEREOF. THIS FILING SECURES ALL FORMER, CURRENT AND FUTURE ADVANCES, OBLIGATIONS, AND LIABILITIES OF THE DEBTOR'S INTEREST NOW OWNED OR HEREAFTER ACQUIRED IS HEREBY ACCEPTED AS COLLATERAL FOR SECURING CONTRACTUAL OBLIGATION IN FAVOR OF THE SECURED PARTY AS DETAILED IN A TRUE, CORRECT, COMPLETE AND NOTORIZED SECURITY AGREEMENT. NOTICE: IN ACCORDANCE WITH THE PRINCIPLES OF HJR-192 (HOUSE JOINT RESOLUTION 192, 1933, PUBLIC LAW 73-10 AND UCC 1-308, (FORMERLY UCC 1-207), ALL PROPERTY OF THE DEBTOR IS IN A COMMERCIAL REGULATORY TRANSMITTING UTILITY. ALL PROPERTY IS HEREBY REGISTERED AND ACCEPTED FOR VALUE AND IS THEREFORE EXEMPT FROM LEVY. THIS FILING IS EXECUTED UNDER THE AUTHORITY OF UCC 1-207(37) AND UCC 9-102(A) (72). ALL PROCEEDS, PRODUCTS, ACCOUNTS, FIXTURES, AND THE ORDERS THERE FROM ARE TO THE DEBTOR.
DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL M
DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL
DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL MANUEL

5. ALTERNATE DESIGNATION (if applicable)	☐ LESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOR
	☐ AG LIEN	☐ NON-UCC FILING	☐ SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

☐ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.
☐ Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM – ADDITIONAL INFORMATION**

25. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT

25a. ORGANIZATION'S NAME			
MICHAEL MANUEL SPIVEY TRUST			
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Spivey	Michael	Manuel	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

26. ADDITIONAL COLLATERAL DESCRIPTION:

On 'Page 1' of U.C.C.-1; Filing for Michael Manuel Spivey © are as follows:

THIS IS ACTUAL AND CONSTRUCTIVE NOTICE THAT ALL ASSETS, PROPERTY, AND INTERESTS HELD BY THE DEBTOR, INCLUDING BUT NOT LIMITED TO ALL ACCOUNTS, GOODS, INVENTORY, EQUIPMENT, DOCUMENTS, INSTRUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, INVESTMENT PROPERTY, AND PROCEEDS THEREOF. THIS FILING SECURES ALL FORMER, CURRENT AND FUTURE ADVANCES, OBLIGATIONS, AND LIABILITIES OF THE DEBTOR'S INTEREST NOW OWNED OR HEREAFTER ACQUIRED IS HEREBY ACCEPTED AS COLLATERAL FOR SECURING CONTRACTUAL OBLIGATION IN FAVOR OF THE SECURED PARTY AS DETAILED IN A TRUE, CORRECT, COMPLETE AND NOTORIZED SECURITY AGREEMENT.

NOTICE: IN ACCORDANCE WITH THE PRINCIPLES OF HJR-192 (HOUSE JOINT RESOLUTION 192, 1933, PUBLIC LAW 73-10 AND UCC 1-308, (FORMERLY UCC 1-207), ALL PROPERTY OF THE DEBTOR IS IN A COMMERCIAL REGULATORY TRANSMITTING UTILITY. ALL PROPERTY IS HEREBY REGISTERED AND ACCEPTED FOR VALUE AND IS THEREFORE EXEMPT FROM LEVY. THIS FILING IS EXECUTED UNDER THE AUTHORITY OF UCC 1-207(37) AND UCC 9-102(A) (72). ALL PROCEEDS, PRODUCTS, ACCOUNTS, FIXTURES, AND THE ORDERS THERE FROM ARE TO THE DEBTOR.

DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL M

DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL

DEBTOR - ADDITIONAL ORGANIZATION/TRADE NAME/TRADEMARK/TRUST: SPIVEY, MICHAEL MANUEL

ADDITIONAL COLLATERAL DESCRIPTION AND REMARKS OF Michael Manuel Spivey © ARE AS FOLLOWS:

1. The Secured Party is a non-combatant and sui juris (of one's own right) individual, recognized as a sovereign being on the face of the Earth.
2. The Secured Party does not consent to any contracts, implied or otherwise, with any corporate entity, including but not limited to the UNITED STATES CORPORATION pursuant to 28 U.S.C. § 3002(15) & 26 U.S.C. § 7701(a)(9).
3. The Secured Party claims all rights reserved without prejudice under UCC 1-308.
4. The Secured Party is not a U.S. citizen but an American national, with all inherent rights thereof. Pursuant to 8 U.S.C. § 1101(a)(21), and is eligible to be issued a UNITED STATES PASSPORT issued in accordance to and under the provisions of INA § 301(g) as outlined in Public Law 82-414, as amended by subsequent legislation. My application based on my birth abroad to a U.S. Citizen Parent, who met the necessary physical presece requirements. Public Law 82-414, also known as the Immigration and Nationality Act of 1962, establishes the criteria for acquiring U.S. citizenship at birth for individuals born outside of the UNITED STATES (U.S.) to UNITED STATES citizen parents. Under INA § 301(g) (8 U.S.C. § 1401(g)), I qualify for a Passport and my status recognition.
5. The Secured Party hereby gives notice of his status as a secured party creditor, asserting a superior claim over any and all interests in the property and assets listed herein.
6. The Secured Party is a natural living man, sovereign, and not subject to any corporate jurisdiction.
7. The Secured Party acknowledges his position as the grantor, trustee, and beneficiary of the trust.
8. The Secured Party reserves all rights without prejudice under UCC 1-308.
9. The Secured Party asserts that all property and interests listed are free from any encumbrances except those created by this filing.
10. The Secured Party does not recognize any authority of the UNITED STATES CORPORATION over his sovereign status as a natural living man.
11. The Secured Party recorded a notarized legal Declaration of Status to verify his current status.
12. The Secured Party does not recongize or agree to stand under any administrative law, nor any law(s) that are not in direct alignment with the Constitution as drafted by the original forefathers. This includes the payment of any unconstitutional taxes to include but not limited to federal and/or state taxes.
13. The Secured Party acknowledges the existence of the Cestui Que Vie Act of 1666 and do not consent to any presumed lost-at-sea or dead status.
14. The Secured Party acknowledges the existence of Capitis Diminutio Maxima and does not consent to any form of capitis diminutio which diminishes my rights.

Notice Concerning Fiduciary Relationship

(Internal Revenue Code Sections 6036 and 6903)

OMB No. 1545-0013

Go to www.irs.gov/Form56 for instructions and the latest information.

Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
MICHAEL MANUEL SPIVEY	158800185	
Address of person for whom you are acting (number, street, and room or suite no.)		
429 NEW YORK AVENUE APT B		
City or town, state, and ZIP code (If a foreign address, see instructions.)		
SAINT CLOUD, FL 34769		
Fiduciary's name		
Janet Yellen, d/b/a SECRETARY OF THE TREASURY		
Address of fiduciary (number, street, and room or suite no.)		
C/O: U.S. DEPARTMENT OF THE TREASURY, 1500 PENNSYLVANIA AVE., N.W.		
City or town, state, and ZIP code	Telephone number (optional)	
WASHINGTON, D.C. 20220	(202) 622-2000	

Section A. Authority

1. Authority for fiduciary relationship. Check applicable box:
- a ☐ Court appointment of testate estate (valid will exists)
 - b ☐ Court appointment of intestate estate (no valid will exists)
 - c ☐ Court appointment as guardian or conservator
 - d ☐ Fiduciary of intestate estate
 - e ☒ Valid trust instrument and amendments
 - f ☐ Bankruptcy or assignment for the benefit of creditors
 - g ☒ Other. Describe: Appointment of Fiduciary DEBTOR & Creditor
- 2a If box 1a, 1b, or 1d is checked, enter the date of death: Administrator
- b If box 1c, 1e, 1f, or 1g is checked, enter the date of appointment, taking office, or assignment or transfer of assets: All Years; Appoint
Fiduciary for all financial matters including debts, withholdings, taxes, and other financial obligations from birth to present and future.

Section B. Nature of Liability and Tax Notices

- 3 Type of taxes (check all that apply): ☒ Income ☒ Gift ☒ Estate ☒ Generation-skipping transfer ☒ Employment
☒ Excise ☒ Other (describe): All financial matters including debts, withholdings, and other financial obligations; ALL TAXES.
- 4 Federal tax form number (check all that apply): a ☒ 706 series b ☒ 709 c ☒ 940 d ☒ 941, 943, 944
e ☒ 1040 or 1040-SR f ☒ 1041 g ☒ 1120 h ☒ Other (list): ALL FORMS
- 5 If your authority as a fiduciary does not cover all years or tax periods, check here ☐
and list the specific years or periods within your authority: _____

Part II Revocation or Termination of Notice**Section A—Total Revocation or Termination**

- 6** Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . ☒
Reason for termination of fiduciary relationship. Check applicable box:
- a** ☐ Court order revoking fiduciary authority
b ☐ Certificate of dissolution or termination of a business entity
c ☒ Other. Describe: Appointing new Fiduciary

Section B—Partial Revocation

- 7a** Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ☐
b Specify to whom granted, date, and address, including ZIP code.

Section C—Substitute Fiduciary

- 8** Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) ☐

Part III Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)		Date proceeding initiated	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time ☐ a.m. ☐ p.m.	Place of other proceedings

Part IV Signature

Please Sign Here	Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	 Fiduciary's signature	<u>Administrator</u> Title, if applicable	<u>20 May 2024</u> Date