

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM

Florida Secured Transaction Registry

FILED

2024 Dec 30 02:55 AM

***** 202403398045 *****

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
ORLANDO UTILITIES COMMISSION (OUC)
1.b INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
1.c MAILING ADDRESS Line One
100 WEST ANDERSON ST
This space not available.
MAILING ADDRESS Line Two
CITY
ORLANDO
STATE
FL
POSTAL CODE
32801
COUNTRY
USA

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
MICHAEL MANUEL SPIVEY PRIVATE BANK
3.b INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
3.c MAILING ADDRESS Line One
C/O 429 NEW YORK AVENUE APT B
This space not available.
MAILING ADDRESS Line Two
CITY
SAINT CLOUD, FLORIDA
STATE
POSTAL CODE
[34769]
COUNTRY
OTC

4. This FINANCING STATEMENT covers the following collateral:

THIS FILING SECURES ALL RIGHTS, TITLES, AND INTERESTS OF MICHAEL MANUEL SPIVEY PRIVATE BANK AS THE SOLE SECURED-PARTY FOR THE ESTATE KNOWN TO THE PUBLIC AS [REDACTED] 429 NEW YORK AVE APT B, SAINT CLOUD, FL 34769-2813 [INCLUDES EVERY DERIVATIVE, ASSOCIATION, AND ADDRESS THEREOF]. THE COLLATERAL INCLUDES ALL FINANCIAL ACCOUNTS, NEGOTIABLE INSTRUMENTS, AND ASSETS ASSOCIATED WITH ACCOUNT #60****6896 BUT DOES NOT INCLUDE ANY CLAIM(S), DEBT(S), AND/OR OBLIGATION(S) BELONGING TO THE UNITED STATES (U.S.) PURSUANT TO 28 USC 3002(15). THIS CLAIM IS MADE PURSUANT TO UCC § 9-102, HJR 192, AND OTHER APPLICABLE LAWS.

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

MSJDSO-241.2281



RECEIVED DEC 26 2024

BILL DATE
12/18/24

ACCOUNT NUMBER
60 896



Billing Statement for [REDACTED]

PAGE 1 OF 2

PIN#: 507 832

SERVICE ADDRESS: 429 NEW YORK AVE UP

BILL SUMMARY

TO AVOID DISCONNECTION
PAY NOW

DUE DATE
01/07/25

OPENING BALANCE	PAYMENTS	PAST DUE AMOUNT	CURRENT CHARGES	TOTAL AMOUNT DUE
\$268.67	\$120.00	\$148.67	\$85.94	\$234.61

CURRENT CHARGES

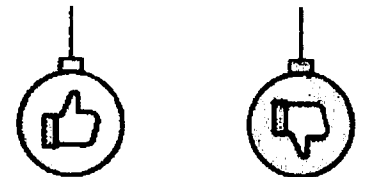
OUC Electric Service	\$74.29
Meter #: 5CD96986 - Service Charge	\$ 19.24
Residential Electric Rate (11/19/24 - 12/18/24)	
497 kWh @ \$0.07054 (Non-Fuel)	35.06
497 kWh @ \$0.04022 (Fuel)	19.99
(\$16.82 of your Fuel Cost is exempt from Municipal Tax)	
City of St. Cloud Charges	\$4.75
Municipal Taxes	\$ 4.75
State of Florida Charges	\$1.90
Gross Receipts Tax	\$ 1.90
Additional Charges	\$5.00
Late payment charge	\$ 5.00

This Bond Is Backed By
Referenced In U.C.C. Filing #:
202403185491
Public Record: 08 December 2024



9589 0710 5270 1202 2185 42
PO Box 31329
Tampa FL 33631-3329 158800185

MESSAGE CENTER



Florida Secured Transaction Registry

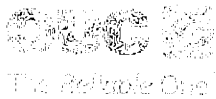
FILED

2024 Dec 27 04:56 AM

***** 202403386365 *****

▲ DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO



Private Instrument Secured Underneath
State of Florida UCC-1 Filing Numbers:
202403185491
202403214807
Under Management of
PLENIPOTENTIARY JUDGE: Mark-Michael Jr. Spivey

AUTOSCH 5-DIGIT 34769 C 2 45 71 AY 0 54 Dec-1907

ACCEPTED FOR VALUE & HONOR EXEMPT FROM LEVY

For my Remedy, Release of the Proceeds, Products,
Accounts, and fixtures in the Order(s) to Me
Immediately in the Accordance with the Public Policy,

HJR-192, UCC 1-103 and UCC 1-308.

Exemption ID# 158800185
UCC Contract Trust Acct. # 9589071052701202218542
Value: \$ 231.28 Date: 18-Dec-2024

By: Mark-Michael Jr. Spivey, Individual, Debtor
Without Prejudice UCC-1-103/104/1-308
All Rights Reserved. BALANCE: \$3.33

This Property and/or
Property Is Under the Authority of:
MICHAEL MANUEL SPIVEY PRIVATE BANK
EIN: 99-***3221



ACCOUNT NUMBER
60 6896

TO AVOID
DISCONNECTION
PAY NOW

DUE DATE
01/07/25

PAST DUE AMOUNT
\$148.67
CURRENT CHARGES
\$85.94
TOTAL AMOUNT DUE
\$234.61

Keep your holidays
safe and bright with
safety tips at:
www.floridahasafety.org

60

1002346

107251193





BILL DATE
12/18/24

ACCOUNT NUMBER
60 896

Billing Statement for [REDACTED]

PAGE 2 OF 2

SERVICE ADDRESS: 429 NEW YORK AVE UP

**HELPFUL
PHONE NUMBERS**

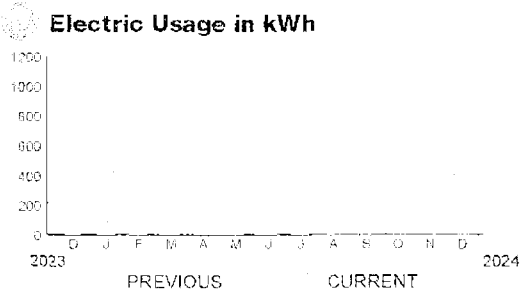
Home Warranty Protection Programs
www.awrusa.com/ouc
To file a claim, call
877-320-4624

Call Before You Dig
Sunshine 811
8-1-1 or 800-432-4770
www.sunshine811.com

2-1-1 Community Resources and
Elder Helpline for Osceola County Residents
2-1-1 or 407-839-HELP (4357)

City of St. Cloud
Solid Waste: 407-957-7289

St. Cloud Utilities
407-957-7344



Meter Data		
METER #:	50	36
CURRENT:	89,669	on 12/18/24
PREVIOUS:	89,172	on 11/19/24
TOTAL USAGE:	497	kWh
DAYS OF SERVICE:	29	
	THIS PERIOD	LAST YEAR
	17.14 kWh	14.60 kWh

USEFUL INFORMATION

Service Charge: A fixed monthly charge to cover basic costs of providing billing, metering and meter reading services.

kWh: A unit of measure for energy consumption equal to 1,000 watt hours.

Other Agencies' Charges: Your OUC statement may contain certain fees and taxes charged by state and local government agencies. Please contact these agencies for information about their charges. The Gross Receipts Tax applies to electric charges only.

WAYS TO PAY

	Online	AutoPay	Pay By Phone	Pay by Mail	Payment Locations
Payment Type Accepted	Checking Account; Credit or Debit Card	Automatic withdrawal	Checking Account; Credit or Debit Card	Check or Money Order; Never mail cash	Check, Cash or Money Order
Cost	FREE for eCheck; Convenience Fee* Using Credit/Debit	FREE	FREE for eCheck; Convenience Fee* Using Credit/Debit	Postage	FREE
Source (How To)	Register using www.ouc.com	Register using www.ouc.com	407-423-9018	Payments with bill stubs: OUC, PO Box 31329, Tampa, FL 33631-3329	More than 400 locations, including participating Amscot, CVS, Walmart, Publix and more. For a complete list, visit www.ouc.com

*All Convenience Fees are collected by third-party vendors. OUC receives no portion of these convenience fees. Please visit www.ouc.com/pay-my-bill for more information about fees.

WAYS TO CONTACT US

	Residential Customer Service	Reporting an Electric Problem or Utility Theft	Reporting a Streetlight Problem
Phone	407-423-9018 or 800-848-7445	407-423-9018 or 800-848-7445	407-423-9018 or 800-848-7445
Availability	Monday - Friday 7 a.m. - 6 p.m.	24/7	24/7
Online	customerservice@ouc.com	Register at www.ouc.com to report a problem	streetlightservice@ouc.com

General Correspondence: Mail to Orlando Utilities Commission, PO Box 3193, Orlando, FL 32802 or call 407-423-9100. Never mail payments or cash to this address.

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM

Florida Secured Transaction Registry

FILED

2024 Dec 27 04:56 AM

***** 202403386365 *****

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 [15**-**-0185] A UCC SOCIAL SECURITY SURETY
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 SAINT CLOUD STATE FL POSTAL CODE 34769-2813 COUNTRY USA

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
[REDACTED] A UCC SOCIAL SECURITY SURETY
2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2.c MAILING ADDRESS Line One
[REDACTED] This space not available.
MAILING ADDRESS Line Two CITY [REDACTED] STATE [REDACTED] POSTAL CODE [REDACTED] COUNTRY [REDACTED]

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
MICHAEL MANUEL SPIVEY PRIVATE BANK [99-***3221] - FOREIGN GRANTOR (NON-W/H)
3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3.c MAILING ADDRESS Line One
C/O 429 NEW YORK AVENUE APT B This space not available.
MAILING ADDRESS Line Two CITY SAINT CLOUD, FLORIDA STATE POSTAL CODE [34769] COUNTRY OTC

4. This FINANCING STATEMENT covers the following collateral:
THIS UCC-1 FILING SECURES ALL RIGHTS, TITLES, INTERESTS, AND CLAIMS TO THE FOLLOWING COLLATERAL MANAGED, HELD, OR CONTROLLED BY MICHAEL MANUEL SPIVEY PRIVATE BANK (SECURED-PARTY), RELATING TO BOTH DEBTORS, [REDACTED] AND MICHAEL MANUEL SPIVEY ESTATE (EIN: 99-***6522654), INCLUDING BUT NOT LIMITED TO: [1] BANK ACCOUNTS AND FINANCIAL INSTRUMENTS: ALL CHECKING, SAVINGS, INVESTMENT, PREPAID, AND OTHER FINANCIAL ACCOUNTS HELD, MAINTAINED, OR CONTROLLED BY EITHER DEBTOR, INCLUDING FUNDS, DEPOSITS, CREDITS, OR INSTRUMENTS THEREIN, REGARDLESS OF THE INSTITUTION &/OR JURISDICTION. [A] ALL RIGHTS TO NEGOTIABLE INSTRUMENTS, DRAFTS, CHECKS, OR SECURITIES ASSOCIATED WITH EITHER DEBTOR, WHETHER PAST, CURRENT &/OR FUTURE. [2] CONTRACTUAL RIGHTS AND PROCEEDS: ALL RIGHTS, INTERESTS, AND ENTITLEMENTS ARISING FROM CONTRACTS, AGREEMENTS, TRUSTS, OR OBLIGATIONS INVOLVING THE DEBTORS, INCLUDING BUT NOT LIMITED TO RIGHTS ARISING UNDER ANY ESTATE MANAGEMENT AGREEMENT, POWER OF

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
MMS PRIVATE BANK - :M-MJ:S - DVS - MSJUCC-241.2271

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

Florida Secured Transaction Registry

FILED

2024 Dec 27 04:56 AM

***** 202403386365 *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

18a. ORGANIZATION'S NAME MICHAEL MANUEL SPIVEY [15**-**-0185] A UCC SOCIAL SECURITY SURETY			
18b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

19. ADDITIONAL COLLATERAL DESCRIPTION:

ATTORNEY, OR PRIVATE BANK FIDUCIARY AGREEMENTS. [A] ALL PROCEEDS, DIVIDENDS, SETTLEMENTS, AWARDS, OR CREDITS OWED TO OR ACQUIRED BY EITHER DEBTOR THROUGH FINANCIAL TRANSACTIONS, LEGAL ACTIONS, OR OTHER MEANS. [3] PAY.GOV AND DISPUTED TRANSACTIONS: ALL FUNDS, DEPOSITS, OR CLAIMS ARISING FROM PAY.GOV TRANSACTIONS AND OTHER FEDERAL PAYMENT SYSTEMS, INCLUDING BUT NOT LIMITED TO: DEPOSITS TEMPORARILY CREDITED AND SUBSEQUENTLY WITHDRAWN. [A] REJECTED TRANSACTIONS WITH CODES SUCH AS "29 - CORPORATE CUSTOMER ADVISES NOT AUTHORIZED" OR SIMILAR DESIGNATIONS. [B] ALL TRACKING IDS, RECEIPTS, AND ASSOCIATED RECORDS LINKED TO SAID TRANSACTIONS. [4] REAL AND PERSONAL PROPERTY: ALL TANGIBLE AND INTANGIBLE ASSETS HELD OR ACQUIRED BY THE DEBTORS, INCLUDING REAL ESTATE, VEHICLES, INTELLECTUAL PROPERTY, AND ANY ASSOCIATED TITLES, DEEDS, OR REGISTRATIONS. [A] ALL PREVIOUS, CURRENT AND FUTURE ASSETS, WHETHER LISTED OR UNLISTED, ARISING FROM THE OPERATIONS OF THE DEBTORS. [5] FIDUCIARY CONTROL: ALL ASSETS, CLAIMS, AND COLLATERAL MANAGED UNDER THE FIDUCIARY AUTHORITY OF MICHAEL MANUEL SPIVEY PRIVATE BANK, ACTING IN ITS CAPACITY AS TRUSTEE AND SECURED PARTY FOR THE DEBTORS. [6] EXEMPTIONS AND RIGHTS RESERVED: ALL RIGHTS, REMEDIES, AND EXEMPTIONS AFFORDED UNDER APPLICABLE FEDERAL AND STATE LAWS, INCLUDING BUT NOT LIMITED TO HOUSE JOINT RESOLUTION 192 (PUBLIC LAW 73-10), 12 USC § 411, AND UCC ARTICLE 9. [7] THE SECURED PARTY RETAINS ALL CLAIMS AND ENTITLEMENTS TO DEMAND LAWFUL MONEY AND TO ASSERT SUPERIOR RIGHTS TO THE LISTED COLLATERAL.

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM – ADDENDUM

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

8a. ORGANIZATION'S NAME MICHAEL MANUEL SPIVEY [15*-**-0185] A UCC SOCIAL SECURITY SURETY			
8b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

9. MISCELLANEOUS:

10. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (10a OR 10b) - Do Not Abbreviate or Combine Names

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

11. ADDITIONAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (11a OR 11b)

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

12. This FINANCING STATEMENT covers ☐ timber to be cut or
☐ as-extracted collateral, or is filed as a ☐ fixture filing.

13. Description of real estate:

14. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

15. Additional collateral description:

THE DEBTOR IS DESIGNATED AS A TRANSMITTING UTILITY UNDER UCC § 9-102(A)(81), OPERATING UNDER NAICS CODE 522298. THIS INCLUDES THE TRANSMISSION, MANAGEMENT, AND HOLDING OF ASSETS, FINANCIAL INSTRUMENTS, CONTRACTS, AND ACCOUNTS FOR THE EXCLUSIVE BENEFIT OF THE SECURED PARTY. ALL COLLATERAL, PRESENT AND FUTURE, IS COVERED UNDER UCC ARTICLE 9, HJR 192 (PUBLIC LAW 73-10), AND 12 USC § 411.

16. Check only if applicable and check only one box.

Collateral is ☒ Held in Trust
☐ Being administered by Decedent's Personal Representative

17. Check only if applicable and check only one box.

☒ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction – effective 30 years



W-9

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

MICHAEL MANUEL SPIVEY INDIVIDUAL BANKER

2 Business name/disregarded entity name, if different from above.

MICHAEL MANUEL SPIVEY PRIVATE BANK

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☒ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

429 NEW YORK AVE APT B

Requester's name and address (optional)

6 City, state, and ZIP code

SAINT CLOUD, FL 34769

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

9 9 - 3 2 2 1

or

Employer identification number

9 9 - 3 2 2 1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person

Authorized Representative of Individual/Partner - Billert-Hecht Dr. Spivey
Trustee/Executor for the MICHAEL MANUEL SPIVEY PRIVATE BANK
Date February 28, 2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

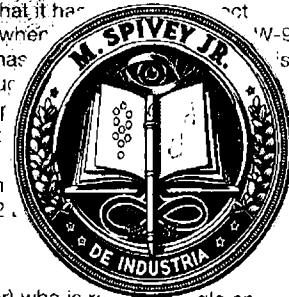
What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has foreign partners, owners, or beneficiaries when it has another flow-through entity in which it has a change is intended to provide a flow-through regarding the status of its indirect foreign partners or beneficiaries, so that it can satisfy any applicable requirements. For example, a partnership partners may be required to complete Schedule Partnership Instructions for Schedules K-2.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Florida

MSJRPD-248.
REDACTED FOR
PUBLIC DISTR.

Statement of Limited Use and Authorization

This is a certified reproduction of the identification card issued to [REDACTED] referred to as the "Principal." This document is provided under the Principal's consent and authorization, as evidenced by the duly executed Power of Attorney & Estate Management Agreement in favor of MICHAEL MANUEL SPIVEY PRIVATE BANK, EIN: 99- 3221, hereinafter referred to as "Fiduciary."

The Use of this Document is expressed within the Lawful Purpose(s) related to the Fiduciary's Daily Private Banking Activities including but not limited to Settlement and Discharge of Obligation(s), Issuance of International Bill(s) of Exchange (Authorized by United States Department of the Treasury - CFO Janet Yellen), & Florida Uniform Commercial Code (UCC)-1 Financial Recording 20240386365, under the Authority of the Fiduciary acting solely in the capacity as Trustee, Executor, and/or Authorized Representative of the Principal's Private Estate without risk of assumed liability(ies) &/or Obligation(s) which belong to the United States (U.S.).

Any Unauthorized Use, Duplication, &/or Distribution of this Document beyond its expressly stated Purpose(s) shall be strictly prohibited and shall constitute a Breach of Fiduciary Trust and a Violation of Applicable Federal, State, and Common Law, including but not limited to Title 18 U.S.C. § 1028 (Fraud and Related Activity in Connection with Identification Documents).

This document and the Rights, Privileges, and Responsibilities contained herein are protected under the Fiduciary Principles governing Private Estates and Irrevocable Trust(s).

All Rights are Reserved by the Principal and her designated Fiduciary.

Without Prejudice, UCC § 1-103, UCC § 1-308 © All Rights Reserved

PLENIPOTENTIARY JUDGE: Mark-Michael Jr. Spivey, Individual Banker & Fiduciary

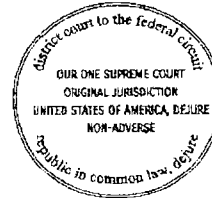
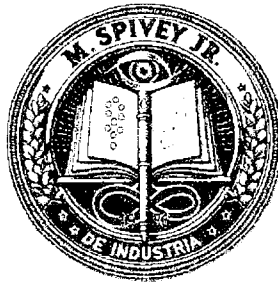
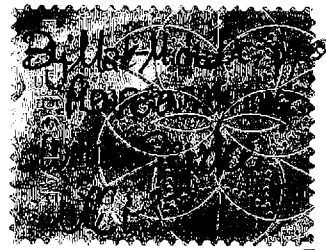
429 NEW YORK AVE
SAINT CLOUD, FL 34769-2013

Date: 29th day of December 2024

Validity & Must Be Present To Be: Lawfully Binding, Nature of this Document Under U.C.C. § 1-308 For Private Use Only



By: Mark-Michael Jr. Spivey, Individual Banker & Fiduciary for
MICHAEL MANUEL
SPIVEY PRIVATE
BANK: 99-3221



PRIVATE UCC CONTRACT
7/25/2024

PASSTHROUGH
ACT #5:
158805185

OFFICIAL
DOCUMENT

:PLENIPOTENTIARY-JUDGE:Mark-Michael Jr.: Spivey ©

MICHAEL MANUEL SPIVEY™

c/o 429 New York Avenue Apartment B

Saint Cloud, Florida State Republic [Exempt: 34769]

E : (407) 917-2122 F : (689) 273-2596

E: MarkSpivey Jr@ProtonMail.com

www.michaelandspivey.com

ESTATE FINANCIAL MANAGEMENT AGREEMENT

This Agreement is entered into on this 11-October-2024 by and between:

1. [REDACTED] ("Principal"), the Grantor & Beneficiary for the ESTATE known to the Public as:

AND

2. :Mark-Michael Jr: Spivey, the Trustee and Authorized Representative of the Estate known to the Public as:
MICHAEL MANUEL SPIVEY INDIVIDUAL BANKER [FEIN: 99***5221]
("Authorized Representative")

PURPOSE

The purpose of this Agreement is to authorize the Authorized Representative to Manage, Oversee, and Settle Financial Obligations, including but not limited to alleged Bill(s), Debt(s), and/or other Financial Responsibilities, on Behalf of the Principal, as they pertain to the MICHAEL MANUEL SPIVEY (hereinafter referred to as "the Estate"), and Authorized User of Trust.

I, Me, My, Myself, :PLENIPOTENTIARY-JUDGE: Mark-Michael Jr: Spivey©, in my capacity as Private Banker for the MICHAEL SPIVEY PRIVATE BANK, Trustee and Executor of the MICHAEL MANUEL SPIVEY ESTATE, and Fiduciary under UCC § 9-607, hereby Issue this Lawful and binding Notice of Representation on behalf of the Estate known to the Public as [REDACTED]. Pursuant to my Lawful Rights and Fiduciary responsibilities, this letter Affirms my Authority to represent [REDACTED] in All matters related to the Offset, Discharge, or Settlement of Debts, Obligations, and/or Liabilities under Private Banking Practices, Common Law, and Uniform Commercial Code (UCC-1) Provisions.

LEGAL BASIS FOR AUTHORIZATION

FIDUCIARY APPOINTMENT

As a Secured Party Creditor and Private Banker, I possess the Authority to act on behalf of individuals in matters concerning Financial Obligations, as outlined in U.C.C. § 9-607 and related provisions.

PRIVATE BANKING RIGHTS

My Authority is Affirmed under Practice Trust Instruments Agreements, which grant Lawful control over assets and liabilities, ensuring equitable remedies through offset, discharge, or Settlement.

CONSENT OF REPRESENTED PARTY

[REDACTED] has voluntarily consented to my representation and the execution of this Authority through an attached Limited Power of Attorney and Affidavit of Consent.

REMEDIES UNDER LAWS

The Rights to offset and discharge debts are protected under the Clearfield Doctrine (Clearfield Trust Co. v. United States, 318 U.S. 363 (1943)), the Uniform Commercial Code, and Title 15 U.S.C. § 1692, providing for Private remedies in matters of Financial disputes.

AUTHORIZED ACTIONS

As the Authorized Representative and Private Banker, I am hereby executing the following Action(s) on Behalf of:

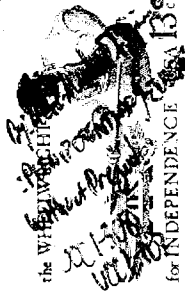
[REDACTED]

DEBT OFFSET

The Authorized Representative shall have the authority to initiate lawful procedures for the offset or discharge of Debt(s) owed to by way of Practice Trust Instruments, Negotiable Instruments, and applicable U.C.C. Filings.

SETTLEMENT NEGOTIATIONS

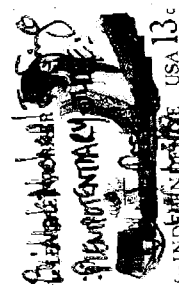
The Authorized Representative shall possess the authority to engage directly with any Corporations, Companies, and all lawful and/or legal Person(s) to Negotiate, Settle, and Resolve Financial Obligations in alignment with Private Banking Protocols and Mutual Agreement. The Authorized Representative received the Principal's monthly "bills" in the form of Account Statements with the attached "Coupon" or Negotiable Instrument. After reviewing the Principal's Accounts, it was determined the Authorized Representative shall be responsible for a total of NINE (9) Accounts with this recording.





OFFICIAL
DOCUMENT

1. Frontier Credit Card - **** * 7836
2. Barclays JetBlue Credit Card **** * 0888
3. Chase Checking Account - **** * 0406 (Routing) 021 021
4. Chase Savings I - **** * 7876 (Routing) 021 021
5. Chase Savings II - **** * 5231 (Routing) 267 1131
6. Chase Slate Credit Card **** * 7118
7. Chase Freedom Unlimited Credit Card **** * 2558
8. Progressive Auto Insurance *****8808
9. Orlando Utilities Company (OUC) – Electricity Statement *****6896



ISSUANCE OF NEGOTIABLE INSTRUMENTS

Issuing a certified Negotiable Instrument, including but not limited to Money Orders, Bills of Exchange, &/or Financial Instrument, drawn from the MICHAEL SPIVEY PRIVATE BANK, to fully satisfy the Debt.

FIDUCIARY RESPONSIBILITY

The Authorized Representative acknowledges and agrees to:

1. Act solely in the best interests of the Estate and the Principal.
2. Utilize Estate funds only for expenses and obligations directly tied to the Estate.
3. Maintain detailed records of All financial activities, including receipts, invoices, and account statements.

REPORTING AND RECORDKEEPING

The Authorized Representative shall:

1. Keep All financial records, including a ledger of transactions made under this Agreement.
2. Provide financial activity summaries upon request from the Principal.
3. Deliver a comprehensive annual report detailing All Estate-related financial transactions.

BINDING CONSENT & TERMINATION

Enforcing compliance with All Terms agreed upon in Good Faith under U.C.C. § 1-308 (Reservation of Rights) and U.C.C. § 3-603 (Tender of Payment).

SUPPORTING DOCUMENTS

The following documents are attached to this letter to Affirm my Authority and secure the remedy requested:

1. Limited Power of Attorney signed by [REDACTED]
2. Affidavit of Consent executed by [REDACTED]
3. Certificate of Private Banking Authority (enclosed).
4. UCC-1 Financing Statement (Filing Number#: 202403386365 for MICHAEL SPIVEY PRIVATE BANK.
5. Negotiable Instrument for Settlement Purposes (if applicable).

NOTICE AND REMEDY

This Agreement operates under the governing authority of:

1. The **Trust Agreement** for the Estate of [Name of Estate].
2. The **Uniform Commercial Code (UCC)**, including but not limited to:
 - o U.C.C. § 1-308 (Reservation of Rights).
 - o U.C.C. § 3-603 (Tender of Payment).

Furthermore, this Notice shall constitute Constructive Notice to All Recipients (including any attempted Presentation) and affirms my Authority under Common Law and Private Banking practices. Any Failure to respond within Twenty-one (21) to this Notice shall constitute Tacit Agreement and Acceptance under U.C.C. § 1-202 and the Doctrines of Consent by Estoppel and Estoppel by Acquiescence.

BINDING DECLARATION

By issuing this letter, I Reserve All Rights Without Prejudice under U.C.C. § 1-308 and hereby Affirm my Fiduciary responsibility as Private Banker & Secured-Party Creditor to Discharge All Financial Obligations belonging to the Estate known in Public as [REDACTED] any correspondence or disputes must be directed to my attention at the address shown in Official Letterhead.

SIGNATURES AND NOTARIZATION

Autograph of Declarant: By affixing my autograph below, I Affirm the truth and accuracy of All statements and Claims within this Affidavit, made under Penalty of Perjury under the Laws of the United States of America & International law.

By: *Mark Michael Jr. Spivey*
 :Mark-Michael Jr. Spivey
 :PLENIPOTENTIARY-JUDGE
 Sui Juris, Secured-Party Creditor
 Sovereign Individual Under Private Jurisdiction
 Trustee/Executor of the MICHAEL MANUEL SPIVEY PRIVATE BANK

Official MSJD Seal Certifies the Authenticity & Must Be Present To Be Fully Binding. Signature of this Document Under U.C.C. § 1-308 For Private Use Only.



28 U.S.C. § 1746(2); JUDICIARY AND JUDICIAL PROCEDURE, PART V, CHAPTER 115 – EVIDENCE. DOCUMENTARY HEAD Sec. 1746. Unsworn Declarations Under Penalty of Perjury (Statute). Wherever, Under Any Law of the United States or under any rule, regulation, order, or requirement made pursuant to Law, any manner is required or permitted to be supported, evidenced, established, or approved by the sworn Declaration, Verification, Certificate, Statement, Oath, or Affidavit, in writing of the person, making the same other than a deposition, or an oath of office, or an oath required to be taken before a specific Official other than a Notary Public, such matter may, with full force and effect, be supported, evidenced, established, or proved by the unsworn declaration, certificate, verification, or statement, in writing of such person which is subscribed by him as True Under Penalty of Perjury, & dated, insubstantially in the following form one if executed Without the United States. I declare or certify under state Under Penalty of Perjury Under the Laws of the United States of America that the foregoing is True & Correct executed on: Public Law 94-450, SECTION 1(a), OCT. 13, 1976, 90 STAT. 2534