

Control Number: 49779



Item Number: 1128

Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM AM 9: 24

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:
☑ This is a new broker registration
☐ This supplies information for a pending broker registration
☐ This amends an existing, completed broker registration
Provide an explanation of the amendment:
2. Authorized Representative or Attorney to contact about this application.
Name Kuytin Jahja Title PRESEDENT
Business Address 2108 RIVERCREST CTALLE
Business Address ZIOS RIVERCREST CEACLE City Dansey State Tr Zip 75020
Telephone Number 903-870-8306
Email Address ENERGY BRAKELLC & GMAIL. COM
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.
Name ENERGY BRAKE LLC
Business address ZIUS RIVERCREST CEACLE
City State Zip 750 ?6
Telephone Number 903-870-8306
4. Type of organization of registering entity:
☐ Sole proprietor ☐ Other
☐ Corporation ☐ Limited Liability Company, L.L.C
☐ Limited Partnership

1128

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5. Description of the br	okerage services provided by the	e registering entity and type of customers served.
Description of Services	3:	
Types of Customers: (Check all that apply	
☐ Residential	□ Industrial	□ Other
☑ Commercial	☐ Municipalities	
, ,	-	
		ng-business-as (d/b/a) names, other than the legal name
listed in #3 above, under	er which the registering entity in the registered with the Secretary	ntends to operate. Any name in which a corporation
1st	to registered with the secretary	2nd
	.as	
3 rd	4 th	5 th
		siness addresses, email addresses, and phone numbers of
the registering entity's	officers, directors, and partners,	as applicable.
☐ Attachment A		
		iber and email address of the customer service
department. If the regis	stering entity does not have a de	dicated customer service department, then provide the
department. If the regis	stering entity does not have a de	
department. If the reginal name, title, address, em Customer Service Department	stering entity does not have a denail address, and telephone number	Email Address ENERGY BRAKE LLC & GMARCONT
department. If the regioname, title, address, em Customer Service Department Name Kuy+.yn	stering entity does not have a denail address, and telephone number	dicated customer service department, then provide the per of the customer service contact person. Email Address
department. If the regioname, title, address, em Customer Service Department Name Kuyt.m Business address	stering entity does not have a denail address, and telephone number Telephone Number	Email Address Energy Brage LLC & GMARC. C Title PRESCOENT
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department. If the regioname, title, address, em Customer Service Department Name Kuytum Business address Ziog City Demission Telephone Number Email Address 9. Regulatory contact for a regulatory contact	Telephone Number Telephone Number Tanya TELECTEST CERCLE State TX 903-870-8306 noy Bitage LLC @ Gmark person. List the name, physical person.	Title
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department. If the reginname, title, address, em Customer Service Department Name Kuyt.m Business address Zios City Dearson Telephone Number Email Address 9. Regulatory contact for a regulatory contact Mame Kuyt.m Business address 2.1	Telephone Number Telephone Number Tanya To vercuest Cercle State Tx To 3 - 870 -8306 Rey Bilage Lee & Gmar person. List the name, physical person. Janya	Title PRESTOEMT CLE
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10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

Copy of Secretary of State certificate of status is attached.

AFFIDAVIT

My name is Kuy + im July I am the PITES EDENT of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

2
Signature of Registering Entity's Owner, Partner, or Officer
Rugin Tanja Printed Name
EMERGY BRAKE ZLC
Name of Registering Entity

Sworn and subscribed before me this 18th day of September 2010 Month Year

JANICE HENSLEE
Notary ID #123949488
My Commission Expires
August 7, 2021

Notary Public in and For the State of Teyes.

My commission expires on 8-07-2021

Attachment A

Energy Brake LLC

Kuyitm Jahja - President

2108 Rivercrest Circle

Denison TX 75020

903-870-8306

Form 205 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$300

Certificate of Formation Limited Liability Company

This space reserved for office use.

Article 1 – Entity Name and Type					
The filing entity being formed is a	a limited liabili	ty company. The	name of the	entity is:	
Energy Smith LLC					
The name must contain the words "limited list	ability company," "I	imited company," or an	abbreviation of o	one of these	phrases
Article 2 (See instruc	- Registered A	Agent and Registomplete either A or B and	ered Office		
A. The initial registered agen	it is an organiza	ation (cannot be entity	named above) b	y the nar	ne of:
OR ✓ B. The initial registered agen	it is an individu	al resident of the s	tate whose n	name is s	et forth below:
Kuytim		Jahja			
First Name	M.I.	Last Name			Suffix
C. The business address of the re	gistered agent a	and the registered	office addres	ss is:	
			TX	ζ.	
Street Address	City		Sta		Code
(Select and complete ett)		overning Authoride the name and address		ng person.)	
A. The limited liability comp manager are set forth below.	oany will have i	nanagers. The nan	ne and addre	ss of eac	h initial
B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.					
GOVERNING PERSON 1					
NAME (Enter the name of either an individual or IF INDIVIDUAL	an organization, but n	ot both.)			
Kuytim	······································	Jahja	·····		
First Name OR	<i>M.I.</i>	Last Name			Suffix
IF ORGANIZATION					
Organization Name ADDRESS	and the same of			· · · · · · · · · · · · · · · · · · ·	
2108 Rivercrest Circle	De	nison	TX	USA	75020
Street or Mailing Address	City	,	State	Country	Zip Code

Form 205

RECEIVED
FEB 1 9 2013
Secretary of State

4

GOVERNING PERSON 2					
NAME (Enter the name of either an individual IF INDIVIDUAL	or an organization, but no	ot both)			
First Name	M.I.	Last Name			Suffix
OR	171.1.	Lust Hume			Sayjix
IF ORGANIZATION					
Organization Name					
ADDRESS					
Street or Mailing Address	City		State	Country	Zip Code
GOVERNING PERSON 3 NAME (Enter the name of either an individual	an an arranigation but as	at hath \			
IF INDIVIDUAL	or an organization, out no	н өөн.)			
First Name	M I.	Last Name			Suffix
OR					
IF ORGANIZATION					
Organization Name	- 10				
ADDRESS					
		,			
Street or Mailing Address	City		State	Country	Zip Code
	Article	4 – Purpose			
The purpose for which the comp	oany is formed is	for the transaction	n of any and	all lawf	ul purposes for
which a limited liability company may be organized under the Texas Business Organizations Code.					
\$	Supplemental Pr	ovisions/Informa	tion		
Text Area: [The attached addendum, if any	, is incorporated herein	n by reference.]			
1					

Organizer

The name and address of the organizer:			
Kuytim Jahja			
Name			
2108 Rivercrest Circle	Denison	TX	75020
Street or Mailing Address	City	State	Zip Code
Effectiven	ess of Filing (Select either A, B, or C.)		
A. This document becomes effective	when the document is filed by the	e secretary of	state.
B. This document becomes effective	at a later date, which is not more	than ninety (9	0) days from
the date of signing. The delayed effective	e date is:		
C. This document takes effect upon the	he occurrence of the future event	or fact, other	than the
passage of time. The 90th day after the d	ate of signing is:		
The following event or fact will cause th	e document to take effect in the n	nanner describ	ed below:
	Execution		
The undersigned affirms that the persappointment. The undersigned signs this submission of a materially false or frauduundersigned is authorized to execute the f	s document subject to the penal alent instrument and certifies und	ties imposed	by law for the
Date: 02/11/2013			
	100-1.		
	Signature of organizer		
	Kuytim Jahja		
	Printed or typed name of organizer		