



Control Number: 49779



Item Number: 1149

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ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:		
<input checked="" type="checkbox"/> This is a new broker registration		
<input type="checkbox"/> This supplies information for a pending broker registration		
<input type="checkbox"/> This amends an existing, completed broker registration		
Provide an explanation of the amendment: _____		
2. Authorized Representative or Attorney to contact about this application:		
Name	Annet Sehgal.	
Title		
Business Address	10501 Corporate Dr.	
City	State	Zip
Stafford	TX	77477
Telephone Number	713 401 7542	
Email Address	an.sehgal@hotmail.com	
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.		
Name	ANS Holdings.	
Business address	10501 Corporate Dr.	
City	State	Zip
Stafford	TX	77477
Telephone Number	713 401 7542	
4. Type of organization of registering entity:		
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other		
<input type="checkbox"/> Corporation		
<input checked="" type="checkbox"/> Limited Liability Company, L.L.C		
<input type="checkbox"/> Limited Partnership		

5. Description of the brokerage services provided by the registering entity and type of customers served.		
Description of Services. <u>Energy brokerage suc.</u>		
Types of Customers: <i>Check all that apply</i>		
<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Municipalities	
6. Other Names. List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Secretary of State.		
1 st	2 nd	
3 rd	4 th	5 th
7. Officers. Provide, as Attachment A, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.		
<input type="checkbox"/> Attachment A		
8. Customer Service Contact. List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.		
Customer Service Department	Telephone Number <u>7134017542</u>	Email Address <u>du.schgd@hotmail.com</u>
Name <u>Aneet Schgd.</u>		Title <u>owner</u>
Business address <u>10501 Corporate dr.</u>		
City <u>Stafford.</u>	State <u>TX</u>	Zip <u>77477</u>
Telephone Number <u>7134017542.</u>		
Email Address		
9. Regulatory contact person. List the name, physical business address, telephone number, and email address for a regulatory contact person.		
Name <u>Same</u>		Title
Business address		
City	State	Zip
Telephone Number		
Email Address		

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.



Office of the Secretary of State

CERTIFICATE OF FILING OF

ANS HOLDINGS, LLC
File Number: 802960155

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 03/12/2018

Effective: 03/12/2018



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State

Form 205
(Revised 12/09)

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



This space reserved for office use

Certificate of Formation
Limited Liability Company

FILED
In the Office of the
Secretary of State of Texas
MAR 12 2018
Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

ANS HOLDINGS, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

ANEET	SEHGAL	
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>
		<i>Suffix</i>

C. The business address of the registered agent and the registered office address is:

10501 CORPORATE DR.	STAFFORD	TX	77477
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

☐ A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

☒ 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.

NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both)				
IF INDIVIDUAL				
ANEET SEHGAL				
<i>First Name</i>		<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
10501 CORPORATE DR. STAFFORD TX USA 77477				
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Country</i> <i>Zip Code</i>

AFFIDAVIT

My name is Anect Schgal. I am the President of the Applicant.

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.

[Signature]
Signature of Registering Entity's Owner, Partner, or Officer

Anect Schgal.
Printed Name

ANS Holdings.
Name of Registering Entity

Sworn and subscribed before me this 18th day of September, 2019
Month Year

Rosario Vrab
Notary Public in and For the State of Texas
My commission expires on March 25, 2023

