

Control Number: 49779



Item Number: 1177

REDEIVED



## 2019 OCT -2 AM 9: 04

# ELECTRICITY BROKER REGISTRATION DEORM COMMISSION FILING CLERK

## **PROJECT NO. 49779**

1. Check the most app	propriate box to describe this sub	nission:					
The rest of the following and the second sec							
This is a new broker registration							
$\square$ 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 Miguel A Ramirez		Title Partner					
Business Address <sub>2035</sub>	5 Sancerre Ln						
City Carrollton	State <sub>TX</sub>	Zip <sub>75007</sub>					
<b>Telephone Number</b> (214) 646-5312							
Email Address mikelis1958@hotmail.com							
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.							
Name Sky High Telecomm							
Business address <sub>4689</sub> Mustang Pkwy apt 6307							
City <sub>Carrollton</sub>	State <sub>TX</sub>	Zip <sub>75010</sub>					
Telephone Number	214-646-5312						
4. Type of organizatio	n of registering entity:						
☐ Sole proprietor	⚠ Other						
☐ Corporation ☐ Limited Liability Company, L.L.C							
☐ Limited Partnership	mpunj, sisti						

5. Description of the br	okerage services provided by th	ne registering entity and type of customers served.			
Description of Services	:				
Types of Customers: Check all that apply					
4 Residential	☐ Industrial	□ Other			
4 Commercial	☐ Municipalities				
listed in #3 above, unde intends to operate must					
<b>1</b> <sup>st</sup>		2 <sup>nd</sup>			
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>			
	s-Attachment A, the names, bu officers, directors, and partners	isiness addresses, email addresses, and phone numbers of as applicable.			
8. Customer Service C	Contact List the telephone num	nber and email address of the customer service —			
		edicated customer service department, then provide the benefit the provide the benefit the customers envire contract persurations.			
department.—If the region of the department of t	stering entity does not have and niled by semale dophonous un Telephone Number	dicated customer service department, then provide the genefatures some configurations.  Email Address			
department. If the regis	stering-entity-does-not-have-a-do mit-a-ldu-ss-grabeel-ophora-num	Email Address skyhightelecomm@gmail.com			
department.—If the regis	stering entity-does-not-have-add ail-address-as-lackephone num <b>Telephone Number</b> (469) 464-7615	dicated customer service department, then provide the genefatures some configurations.  Email Address			
department. If the regis	stering entity-does-not-have-add ail-address-as-lackephone num <b>Telephone Number</b> (469) 464-7615	Email Address skyhightelecomm@gmail.com			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton	Telephone Number (469) 464-7615  Sancerre In  State	Email Address skyhightelecomm@gmail.com  Title			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46	Telephone Number (469) 464-7615  Sancerre In  State TX	Email Address skyhightelecomm@gmail.com  Title			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46 Email Address skyhigh	Telephone Number (469) 464-7615  Sancerre In State TX  94647615  ntelecomm@gmail.com	Email Address skyhightelecomm@gmail.com  Title			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46 Email Address skyhigh	Telephone Number (469) 464-7615  Sancerre In State TX  94647615  ntelecomm@gmail.com  person. List the name, physic person.	Email Address skyhightelecomm@gmail.com  Title partner			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46 Email Address skyhigh	Telephone Number (469) 464-7615  Sancerre In State TX  94647615  ntelecomm@gmail.com  person. List the name, physical person.	Email Address skyhightelecomm@gmail.com  Title partner  Zip 75007			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46 Email Address skyhigh 9. Regulatory contact for a regulatory contact	Telephone Number (469) 464-7615  Sancerre In State TX  94647615  ntelecomm@gmail.com  person. List the name, physical person.	Email Address skyhightelecomm@gmail.com  Title partner  Zip 75007			
Customer Service Department Name Luis Ramirez Business address 2035 City Carrollton Telephone Number 46 Email Address skyhigh 9. Regulatory contact for a regulatory contact for a regulatory contact Mame Miguel A Ramire. Business address 2035	Telephone Number (469) 464-7615  Sancerre In State TX  94647615  ntelecomm@gmail.com  person. List the name, physic person.  Z  Sancerre Ln  State TX	Email Address skyhightelecomm@gmail.com  Title partner  Zip75007  TitlePartner			

## **AFFIDAVIT**

My name is MIGUEL A. RAMIRIE	am the RARTNER	of the Registering Entity.
I swear or affirm that I have personal keep competent to testify to them, and that I registering entity. I further swear or a correct and complete and that any substituty Commission of Texas in a timel and will comply with all requirements provisions, disclosure requirements, and	have the authority to subminificant that all statements mustantial changes in such information by manner. I swear or affirm so of the applicable law and	t this application form on behalf of the ade in the Registration Form are true, rmation will be provided to the Public that the registering entity understands rules, including customer protection
	Signature of Registering Enti	ry's Owner, Par <del>tner</del> , or Officer
	MIGUEL F	, RAMIKEZ
	Printed Name	
	SKY HIGH	telecomm
	Name of Registering Entity	
Sworn and s	subscribed before me this &	day of Systember, 20/9
	_	Month Year
	Notary Public in and For the	State of Texas .
	My commission expires on _	0/9/2021
		<i>t</i>
		AYLOR PHILLIP
		S S at BY PUR'S

Date of this notice: 03-08-2017

Employer Identification Number: 82-0726759

Form: SS-4

Number of this notice: CP 575 B

SKY HIGH TELECOMM LUIS F RAMIREZ GEN PTR 4689 MUSTANG PKWY APT 6307 CARROLLTON, TX 75010

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-0726759. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing a corporation status, it must timely file Form 2553, Election by a small Business Corporation. The LLC will be treated as a corporation as of the still be treated as a corporation 8832.

To obtain tax forms and publications including those referenced in this notice, visit our web site at www.lrs.gov lif you do not have access to the internet, call 1800-829-3676 (TTX/TDD) 1-800-829-4059) or visit your local IRS office

# ASSUMED NAME RECORDS

TIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.

(See Chapter 71 of the Texas Business and Commerce Code for other requirements and additional information)

# NAME IN WHICH BUSINESS IS, OR IS TO BE, CONDUCTED:

Sky High Telecomm				
PHYSICAL ADDRESS OF BUSINES	SS: 4689 Mustang	Pkwy apt 630	)7	
CITY: Carrollton	STATE: TX		ZIP CODE: 75010	)
PERIOD DURING WHICH ASSUMI				
BUSINESS IS TO BE CONDUCTED		•	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Individual	☑ General Parti	nership	☐ Limited Partnership	,
Other (name type):				, , , , , , , , , , , , , , , , , , ,
I/We, the undersigned, are the owner(s) of there is/are no ownership(s) in said busines	CERTIFICATE the above business and as other than those listed	my/our name(s) a	HIP nd address(es) given is/are true	and correct, and
	NAMES (	OF OWNERS		
NAME Luis Ramirez		SIGNATURE		
ADDRESS 4689 Mustang Pkwy Ap	t 6307 Carrollton TX	75010		
NAME Miguel Ramirez		SIGNATURE	BREAL	-2
ADDRESS 2035 Sancerre Ln Carro	ollton TX 75007			
NAME	· · ·	SIGNATURE		, , , , , ,
ADDRESS			,	
THE STATE OF TEXAS COUNTY OF DENTON BEFORE ME, THE UNDERSIGNED	O AUTHORITY, on GIN HALLS	this day persona  ANG Muy scribed to the fo	wel Angel Pinu pregoing instrument and ack	nowledged to me
consideration therein expressed.  GIVEN UNDER MY HAND AND S	EAL OF OFFICE, or	n	ay 10 -1h	2017
		Motory Duki:	V	
AUGO TEL			E, DENTON COUNTY CI	LERK Deputy
		-		



**Denton County** Juli Luke County Clerk

Instrument Number: 54830

EForms\_Assumed Name

ASSUMED NAME

Recorded On: May 10, 2017 12:19 PM

Number of Pages: 2

Record and Return To:

Carrollton TX 75010

4689 Mustang Pkwy Apt 6307

Luis Ramirez

" Examined and Charged as Follows: "

Total Recording: \$24.50

#### \*\*\*\*\*\*\* THIS PAGE IS PART OF THE INSTRUMENT \*\*\*\*\*\*\*\*

Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document Number:

54830

Receipt Number:

20170510000269

Recorded Date/Time:

May 10, 2017 12:19 PM

User:

Diana P

Station:

Station 18



#### STATE OF TEXAS **COUNTY OF DENTON**

I hereby certify that this Instrument was FILED In the File Number sequence on the date/time printed hereon, and was duly RECORDED in the Official Records of Denton County, Texas.

Juli Luke County Clerk Denton County, TX