

Control Number: 49779



Item Number: 1181

Addendum StartPage: 0



RECEIVED 2019 OCT -2 PM 12: 14 PUBLIC HTHEN FORM ELECTRICITY BROKER REGISTRATION CLERK

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 Justin Vissat			Title Managing Partner		
Business Address 67 V	Vest Main St. Suite 412				
City Clinton	State CT	Zip	3413		
Telephone Number (8	60) 407-5977				
Email Address jvissat(@kobiona.com				
3. Registering Entity:	List the registering entity's legal na	me, bus	iness address, and telephone number.		
Name KOBIONA LLC					
Business address 67 West Main St. Suite 412					
City Clinton	State CT	Zip	6413		
Telephone Number					
4. Type of organization of registering entity:					
 □ Sole proprietor □ Corporation ☑ Limited Liability Co ☑ Limited Partnership 	Dompany, L.L.C				

5. Description of the brokerage services provided by the registering entity and type of customers served.					
Description of Services: KOBIONA provides electrical and natural gas brokerage services to small, medium, large commercial					
Types of Customers:	Types of Customers: Check all that apply				
□ Residential ☑ Commercial	☑ Industrial □ Municipalities	□ Other			
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.					
^{1st} N/A		2 nd N/A			
3 rd N/A	4 th N/A	5 th N/A			
	as Attachment A , the names, b officers, directors, and partners	business addresses, email addresses, and phone numbers of s, as applicable.			
department. If the reg name, title, address, er Customer Service	istering entity does not have a c nail address, and telephone nur Telephone Number	mber and email address of the customer service ledicated customer service department, then provide the nber of the customer service contact person. Email Address beboguette@kobiona.com			
Department (860) 845-6969 Name Brian Choquette Image: Choquette		bchoquette@kobiona.com Title Managing Partner			
Business address 67 West Main St. Suite 412					
City Clinton	State CT	Zip ₀₆₄₁₃			
Telephone Number 8	60-845-6969				
Email Address behood					
9. Regulatory contact person . List the name, physical business address, telephone number, and email address for a regulatory contact person.					
Name Justin Vissat		Title Managing Partner			
Business address 67 West Main St. Suite 412					
City Clinton	State CT	Zip ₀₆₄₁₃			
Telephone Number	860) 407-5977				
Email Address jvissa					

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.

Broker Registration Form Last Updated August 8, 2019 .

AFFIDAVIT

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 of Registering Entity's Owner, Partner, or Officer _____ Printed Name Kobiona LLC Name of Registering Entity

Sworn and subscribed before me this 23 day of Solen be 2019 Month Year Notary Public in and For the State of Control My commission expires on 33/02021



AFFIDAVIT #2 "National Labor Relations Act and CUTPA"					
State of: Connecticut					
County of: New Haven (town)					
<u>Justin</u> 'Visset, Affiant, being duly sworn/affirmed according to law,					
deposes and says that he/she is the <u>MGAGing Partnum</u> of					
<u>Kobiona</u> <u>LLC</u> (Applicant) and that he/she is (company's name)					
authorized to make this affidavit for the Applicant; That, <u>Justin Viscit</u> affirms that it shall ensure that, (Applicant) where applicable, it complies with the National Labor Relations Act and regulations, if applicable, and it complies with the Connecticut Unfair Trade Practices Act and applicable regulations. That the facts above set forth are true and correct to the best of his/her knowledge, information,					
and belief and that he/she expects said Applicant to be able to prove the same.					
Sworn and subscribed before me this 17 day of <u>Schember</u> , 2015 Month Year Signature of official administering oath Print Name and Title My commission expires <u>7/31/2073</u> (For Notary Publics only)					
85 Rebecca Stakelum Notary Public-Connecticut My Commission Expires July 31, 2023					
Page 8 of 6 Public Utilities Regulatory Authority ELAggrAppForm-07/2012					

AFFIDAVIT #1

V	eracity	Of	Statements'
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State of:	Connecticut
	ss. Modison
County of:	Ven Hoven (town)
	$\frac{1}{1}$ Vissal, Affiant, being duly sworn/affirmed according to law,
deposes and	d says that he/she is the <u>Managing paper</u> of
Ko	biong LLC (Applicant) and that he/she is (Company's name)
authorized t	o make this affidavit for the Applicant;
	(applicant) certifies under penalty of law that
complete ar	nts made in the application for certificate of registration are true and nd that it will also amend its application while the application is pending if any cur regarding the information provided in the application within ten days of nange.
	the facts above set forth are true and correct to the best of his/her knowledge, information, elief and that he/she expects said Applicant to be able to prove the same.
Signatu	ure of Affiant
Sworr	n and subscribed before me this 17 day of Schember, 206. Month Year Mohang Stalley
Signatu	ure of official administering oath Print Name and Title
Му со	ommission expires // <u>JI</u> / <u>ZO</u> / <u></u> . (For Notary Publics only)
	Rebecca Stakelum Notary Public-Connecticut My Commission Expires July 31, 2023

ELAggrAppForm-07/2012

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

September 24, 2019

Attn: InCorp Services, Inc.

InCorp Services, Inc. 3773 Howard Hughes Pkwy, Ste 500S Las Vegas, NV 89169 USA

RE: KOBIONA LLC File Number: 803426929

It has been our pleasure to file the application for registration and issue the enclosed certificate of filing evidencing the authority of the foreign limited liability company (llc) to transact business in Texas.

Unless exempted, the foreign entity is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the foreign entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at http://window.state.tx.us/taxinfo/franchise/index.html.

The registered foreign entity is not required to file annual reports with the Secretary of State. An application for amended registration must be filed with the Secretary of State if the foreign entity changes its name, changes the purposes to be pursued in Texas, or changes the assumed name it elected to use on its application for registration. It is important for the foreign entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the revocation of the entity's registration by the Secretary of State.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

KOBIONA LLC File Number: 803426929

The undersigned, as Secretary of State of Texas, hereby certifies that an Application for Registration for the above named Foreign Limited Liability Company (LLC) to transact business in this State 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 the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

KOBIONA LLC

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: 09/23/2019

Effective: 09/23/2019



Ruth R. Hughs Secretary of State



1. The entity is a foreign limited liability company. The name of the entity is :

KOBIONA LLC

2A. The name of the entity in its jurisdiction of formation does not contain the word "limited liability company" or "limited company" (or an abbreviation thereof). The name of the entity with the word or abbreviation which it elects to add for use in Texas is:

2B. The entity name is not available in Texas. The assumed name under which the entity will qualify and transact business in Texas is:

3. Its federal employer identification number is: 473936122

EFederal employer identification number information is not available at this time.

4. It is organized under the laws of: **CONNECTICUT, USA** and the date of its formation in that jurisdiction is: <u>4/30/2015</u>

5. As of the date of filing, the undersigned certifies that the foreign limited liability company currently exists as a valid limited liability company under the laws of the jurisdiction of its formation.

6. The purpose or purposes of the limited liability company that it proposes to pursue in the transaction of business in Texas are set forth below. The entity also certifies that it is authorized to pursue such stated purpose or purposes in the state or country under which it is organized.

Energy Broker

7. The date on which the foreign entity intends to transact business in Texas, or the date on which the foreign entity first transacted business in Texas is: **08/29/2019**

8. The principal office address of the limited liability company is: 67 West Main Street, Suite 412, Clinton, CT, USA 06413

9A. The initial registered agent is an organization by the name of:

Incorp Services, Inc.

19B. The initial registered agent is an individual resident of the state whose name is:

9C. The business address of the registered agent and the registered office address is:

815 Brazos St., Ste. 500 Austin TX 78701

Consent of Registered Agent

TA. A copy of the consent of Registered Agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

10. The entity hereby appoints the Secretary of State of Texas as its agent for service of process under the circumstances set forth in section 5.251 of the Texas Business Organizations Code.

11. The name and address of each governing person is:

NAME OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both:): IF INDIVIDUAL Brian Choquette OR IF ORGANIZATION ADDRESS OF GOVERNING PERSON : 67 West Main Street Suite 412 Clinton CT, USA 06413 NAME OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both:): IF INDIVIDUAL Justin Vissat OR IF ORGANIZATION ADDRESS OF GOVERNING PERSON : 67 West Main Street Suite 412 Clinton CT, USA 06413

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

 \square B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: September 23, 2019

Justin Vissat

Signature and title of authorized person on behalf of the foreign entity

FILING OFFICE COPY