

Control Number: 49779



Item Number: 1315

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ELECTRICITY BROKER REGISTRATION FORM

RECEIVED

2020 JAN 16 AM 9:23

PUBLIC UTILITY COMMISSION
FILING 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 Daniel R. Williams

Title Chief Financial Officer

Business Address 11212 N. May Avenue, Suite 400

City Oklahoma City

State Oklahoma

Zip 73120

Telephone Number (405) 753-9633

Email Address dan@walterspover.com

3. Registering Entity: List the registering entity's legal name, business address, and telephone number.

Name Strategic Power Solutions, LLC

Business address 11212 N. May Avenue, Suite 400

City Oklahoma City

State Oklahoma

Zip 73120

Telephone Number (405) 753-9633

4. Type of organization of registering entity:

- ☐ Sole proprietor ☐ Other
- ☐ Corporation
- ☒ Limited Liability Company, L.L.C
- ☐ Limited Partnership

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5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:

Risk Management, Demand Response, Energy Procurement

Types of Customers: *Check all that apply*

☒ Residential ☒ Industrial ☐ Other
☒ Commercial ☐ 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.

☒ 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 | Email Address |
|--|------------------|---------------|
| Name Jeffrey "Jay" Young | Title President | |
| Business address 4255 Cotton Gin Road, Unit 206 | | |
| City Frisco | State Texas | Zip 75034 |
| Telephone Number (214) 415-5462 | | |
| Email Address Jyoung@strategicpowersolutions.net | | |

9. **Regulatory contact person.** List the name, physical business address, telephone number, and email address for a regulatory contact person.

| | |
|---|-------------------------------|
| Name Daniel R. Williams | Title Chief Financial Officer |
| Business address 11212 N. May Avenue, Suite 400 | |
| City Oklahoma City | State Oklahoma |
| Zip 73120 | |
| Telephone Number (405) 753-9633 | |
| Email Address Dan@walterspover.com | |


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 Daniel R. Williams. I am the Chief Financial Officer 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.



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

Dan Williams

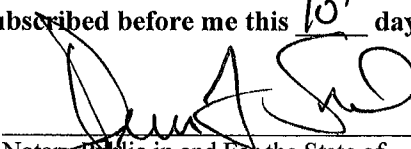
Printed Name

Strategic Power Solutions, LLC

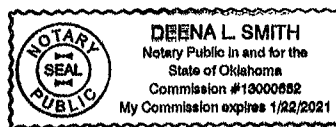
Name of Registering Entity

Sworn and subscribed before me this 10th day of January, 2020.

Month Year



Notary Public in and For the State of Oklahoma
My commission expires on 1/22/21



Attachment A

- Jeffrey Young
President
4255 Cotton Gin Road, Unit 206
Frisco, TX 75034
(w): (214) 415-5462
- David L. Walters
Chief Executive Officer
11212 N. May Avenue, Suite 400
Oklahoma City, OK 73120
(w): (405) 753-9633
(f): (405) 753-9628
- Daniel R. Williams
Chief Financial Officer
11212 N. May Avenue, Suite 400
Oklahoma City, OK 73120
(w): (405) 753-9633
(f): (405) 753-9628



Office of the Secretary of State

CERTIFICATE OF FILING OF

Strategic Power Solutions, LLC
File Number: 803513821

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.

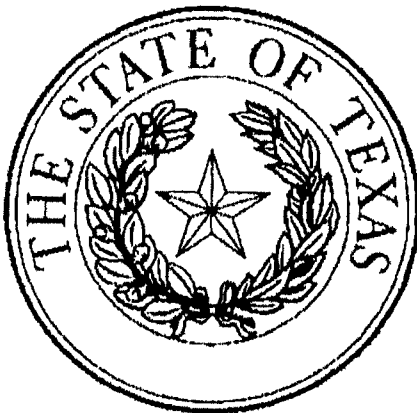
ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

Strategic Power Solutions, 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: 01/09/2020

Effective: 01/09/2020



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

Ruth R. Hughs
Secretary of State

Form 304**(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: \$750



**Application for
Registration
of a Foreign Limited
Liability Company**

This space reserved for office use.

FILED
**In the Office of the
Secretary of State of Texas**

JAN 09 2020**Corporations Section**

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

Strategic Power Solutions, LLC

Provide the full legal name of the entity as stated in the entity's formation document in its jurisdiction of formation.

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 that 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:

The assumed name must include an acceptable organizational identifier or an accepted abbreviation of one of these terms.

3. Its federal employer identification number is: 83-2039538

☐ Federal employer identification number information is not available at this time.

4. It is organized under the laws of: (set forth state or foreign country) State of Oklahoma

and the date of its formation in that jurisdiction is: 12/07/2017

mm/dd/yyyy

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.

Energy procurement, demand response, risk management

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.

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: 05/18/2018

mm/dd/yyyy

Late fees may apply (see instructions).

8. The principal office address of the limited liability company is:

| | | | | |
|---------------------------------------|----------------------|--------------|----------------|------------------------|
| <u>11212 N. May Avenue, Suite 400</u> | <u>Oklahoma City</u> | <u>OK</u> | <u>USA</u> | <u>73120</u> |
| <i>Address</i> | <i>City</i> | <i>State</i> | <i>Country</i> | <i>Zip/Postal Code</i> |

Complete item 9A or 9B, but not both. Complete item 9C.

☐ 9A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ 9B. The registered agent is an individual resident of the state whose name is:

Jeffrey "Jay"

A.

Young

First Name

M.I.

Last Name

Suffix

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

4255 Cotton Gin Road, Unit 206

Frisco

TX

75034

Street Address

City

State

Zip Code

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 AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.) | | | | | |
|---|-------------|------------------|----------------|-----------------|--|
| IF INDIVIDUAL | | | | | |
| Jeffrey | A. | Young | | | |
| <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i> | | |
| OR | | | | | |
| IF ORGANIZATION | | | | | |
| <i>Organization Name</i> | | | | | |
| 4255 Cotton Gin Road, Unit 206 | Frisco | TX | USA | 75034 | |
| <i>Street or Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Country</i> | <i>Zip Code</i> | |

| NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.) | | | | | |
|---|---------------|------------------|----------------|-----------------|--|
| IF INDIVIDUAL | | | | | |
| David | L. | Walters | | | |
| <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i> | | |
| OR | | | | | |
| IF ORGANIZATION | | | | | |
| <i>Organization Name</i> | | | | | |
| 11212 N. May Avenue, Suite 400 | Oklahoma City | OK | USA | 73120 | |
| <i>Street or Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Country</i> | <i>Zip Code</i> | |

| NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.) | | | | | |
|---|---------------|------------------|----------------|-----------------|--|
| IF INDIVIDUAL | | | | | |
| Daniel | R. | Williams | | | |
| <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i> | | |
| OR | | | | | |
| IF ORGANIZATION | | | | | |
| <i>Organization Name</i> | | | | | |
| 11212 N. May Avenue, Suite 400 | Oklahoma City | OK | USA | 73120 | |
| <i>Street or Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Country</i> | <i>Zip Code</i> | |

Supplemental Provisions/Information

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

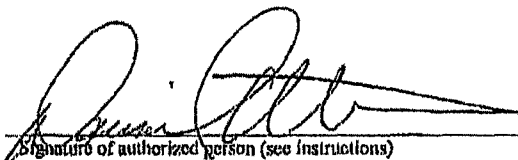
Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

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: 1/9/2020


Signature of authorized person (see instructions)

Daniel R. Williams

Printed or typed name of authorized person.