

Control Number: 49779



Item Number: 1511

Addendum StartPage: 0

NECENCES

2020 JUL -2 AM 9: 11



Public Utility Commission of Texas Application for Electricity Broker Registration

General Information

Individual employees and agents of broker firms and persons acting only as agents of retail electric providers are not required to register as brokers.

Under Public Utility Regulatory Act (PURA) Section 39.3555, any person that provides brokerage services for compensation or other consideration must register as a broker with the Public Utility Commission of Texas (Commission). "Brokerage services" means providing advice or procurement services to, or acting on behalf of, a retail electric customer regarding the selection of a retail electric provider, or a product or service offered by a retail electric provider. Brokers do not sell or take title to electric energy.

Registered brokers must comply with customer protection provisions, disclosure requirements, and marketing guidelines established by the Commission. An administrative penalty may be assessed for failure to comply with PURA or Commission rules.

Registration Form

Answer all of the questions on the registration form completely, providing all relevant information. If substantive changes occur while the application is pending, promptly notify the Commission by filing seven copies (six copies and one original) of the registration form showing the changes with the Commission's Filing Clerk under the control number assigned to the application.

Affidavit

The owner, partner, or officer of the registering entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided in this registration by attaching a signed and notarized copy of the Affidavit provided with this registration form.

Filing Instructions

Submit seven copies (an original and six copies) of the completed registration form and signed and notarized Affidavit to:

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180

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ELECTRICITY BROKER REGISTRATION FORM

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 MIGUEL A RAMIREZ				TitleOWNER			
Business Address 2035 SANCERRE LN							
City CARROLLTON	State _{TX} Zip ₇			5007			
Telephone Number (214) 646-5312							
Email Address RAMANGEL2035@GMAIL.COM							
3. Registering Entity: I ist the registering entity's legal name, business address, and telephone number.							
Name SMART POWER							
Business address 2035 SANCERRE LN							
City CARROLLTON	State _{TX}	ч Ч	Zip ₇₅	007			
Telephone Number (214) 646-5312							
4. Type of organization of registering entity:							
 Sole proprietor Corporation Limited Liability Co Limited Partnership 	ompany, L.L.C	□ Other					

5. Description of the brokerage services provided by the registering entity and type of customers served.						
Description of Services:						
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 SMART POWER SC	DLUTIONS	2 nd				
3 rd	4 th	5 th				
	s Attachment A, the names, bu officers, directors, and partners,	siness addresses, email addresses, and phone numbers of 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 (214) 646-5312	Email Address RAMANGEL2035@GMAIL.COM				
Name MIGUEL A RAM	IREZ	TitleOWNER				
Business address 2035	SANCERRE LN					
City CARROLLTON	State _{TX}	Zip ₇₅₀₀₇				
Telephone Number ₂₁₄₆₄₆₅₃₁₂						
Email Address RAMANGEL2035@GMAIL.COM						
9. Regulatory contact person First the name, physical business address, telephone number and email address for a regulatory contact person						
Name MIGUEL A RAM						
	IREZ	TitleOWNER				
Business address ₂₀₃₅		TitleOWNER				
1		Zip ₇₅₀₀₇				
Business address 2035	SANCERRE LN State _{TX}					

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.

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Broker Registration Form Last Updated August 8, 2019



Instrument Number: 87817

Assumed Name

ASSUMED NAME

Recorded On: June 23, 2020 01:49 PM

Number of Pages: 2

" Examined and Charged as Follows: "

Total Recording: \$25.00

*********** 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:	87817
Receipt Number:	20200623000589
Recorded Date/Time:	June 23, 2020 01:49 PM
User:	Jadyn M
Station:	Station 13

Record and Return To: Miguel Ramirez



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 IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 06-23-2020

Employer Identification Number: 85-1561299

Form: SS-4

Number of this notice: CP 575 G

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 85-1561299. 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.

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 S 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 effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RAMI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

MIGUEL A RAMIREZ RAZO SR SMART POWER SOLUTIONS 2035 SANCERRE LN CARROLLTON, TX 75007

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

99999999999

Your	Telephone Number	Best Time to Call	DATE O	F THIS	NOTICE:	06-23-2020	
() –		EMPLOY	ER IDE	NTIFICATI	ON NUMBER:	85-1561299
			FORM:	ss-4		NOBOD	

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 MIGUEL A RAMIREZ RAZO SR SMART POWER SOLUTIONS 2035 SANCERRE LN CARROLLEON FOR FILL CARROLLTON, TX 75007

AFFIDAVIT

My name is MIGRELA RAHIREZ REPRESENTANT 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 of Registering Entity's Owner, Partner, or Officer Printed Name SMART POWER SOLUTIONS Name of Registering Entity Sworn and subscribed before me this _4 day of 010. Month Year Notary Public in and For the State of exas My commission expires on 10

