

Filing Receipt

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ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most app	propriate box to describe this sub	nission			
☑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:					
	entative or Attorney to contact abo	out this	s application:		
Name Robert Martinez			Title Managing Partner		
Business Mailing Add	ress 3901 Nw 79th Ave, Ste 245 #4	247	Company of the Compan		
City Miami	State Florida	Zip <u>3</u>	3166		
Telephone Number 689-600-2121					
Email Address askenergyventures@gmail.com					
3. Registering Entity : List the registering entity's legal business name, mailing address, telephone number, and email address.					
Business Name KAIROS ENERGY LLC					
Mailing address 3901 Nw 79th Ave, Ste 245 #4247					
City Miami	State Florida	Zip <u>33</u>	3166		
Telephone Number 689-600-2121					
Email Address askenergyventures@gmail.com					

4. Business structure. Select the form of busin	ess being reg	istered.		
☐ Sole proprietor ☐ Corporation	□ Partners	hip		
☑ Limited Liability Company (LLC)	☐ Limited	Partnership		
5. 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 Texas Secretary of State.				
1st	2 nd			
3 rd	4 th			
6. Customer Service Contact . List the telephone number, business mailing address, 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, business mailing address, email address, and telephone number of the customer service contact person.				
Name Robert Martinez	Title Manag	ing Partner		
Business mailing address 3901 Nw 79th Ave, Ste 245 #4247				
City Miami	State FL	Zip <u>33166</u>		
Telephone Number				
Email Address askenergyventures@gmail.com				
7. Commission contact person . List the name, business mailing address, telephone number, and email address for a person who Commission Staff may contact.				
Name Robert Martinez	Title Manag	ing Partner		
Business mailing address 3901 Nw 79th Ave, Ste 245 #4247				
City Miami	State FL	Zip <u>33166</u>		
Telephone Number 689-600-2121				
Email Address askenergyventures@gmail.com				
	PERSONAL PROPERTY.			

AFFIDAVIT

My name is Robert Martinez	I am the owner, partner, or an officer (Circle One) of the Applicant.
competent to testify to them, and that registering entity. I further swear on all applicable laws and is in good state application are true, correct and provided to the Public Utility Communderstands and will comply with a	al knowledge of the facts stated in the attached registration, that I am at I have the authority to submit this application form on behalf of the raffirm that the applicant is authorized to do business in Texas under tanding with the Texas Secretary of State; that all statements made in complete; and that any material changes in such information will be ission of Texas in a timely manner. I swear or affirm that the applicant all requirements of the applicable law and rules, including customer quirements, and marketing guidelines for retail electric service.
	Signature of Registering Entity's Owner, Partner, or Officer
	Robert Martinez
	Printed Name
	Kairos Energy LLC
	Name of Registering Entity
Sworn an	nd subscribed before me this 19 day of November 202
Cynthia L. Mathis State of Florida My Commission Expires 04/07/2024 Commission No. GG 976759	Notary Public in and For the State of # 1/1000 Class My commission expires on 04-07-3024