



Control Number: 49779



Item Number: 485

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PUBLIC UTILITY COMMISSION
PLUGS ENERGY

ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:			
<input checked="" type="checkbox"/> This is a new broker registration			
<input type="checkbox"/> This supplies information for a pending broker registration			
<input type="checkbox"/> This amends an existing, completed broker registration			
Provide an explanation of the amendment: _____			
2. Authorized Representative or Attorney to contact about this application:			
Name Darren Reed Dingfelder		Title Managing Member	
Business Address 34 Ellis Court			
City Morganville	State NJ	Zip 07751	
Telephone Number (347) 219-8834			
Email Address dreed@openenergy.net			
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.			
Name Optimum Energy Solutions, LLC			
Business address 34 Ellis Ct			
City Morganville	State NJ	Zip 07751	
Telephone Number (347) 219-8834			
4. Type of organization of registering entity:			
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other			
<input type="checkbox"/> Corporation			
<input checked="" type="checkbox"/> Limited Liability Company, L.L.C			
<input type="checkbox"/> 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:
Energy Consulting, Electric Broker

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.

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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 (347) 219-8834	Email Address dreed@openergy.net
Name	Darren Reed	
Title	Executive Vice President	
Business address	34 Ellis Court	
City	Morganville	State NJ
Zip	07751	
Telephone Number	347-219-8834	
Email Address	dreed@openergy.net	
9. Regulatory contact person. List the name, physical business address, telephone number, and email address for a regulatory contact person.		
Name	Darren Reed	
Title	Executive Vice President	
Business address	34 Ellis Court	
City	Morganville	State NJ
Zip	07751	
Telephone Number	(347) 219-8834	
Email Address	dreed@openergy.net	

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 Darren R Dingfelder. I am the Managing Member 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

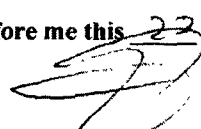
Darren R Dingfelder

Printed Name

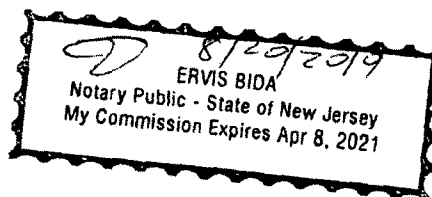
Optimum Energy Solutions, LLC

Name of Registering Entity

Sworn and subscribed before me this 22 day of August, 2019.
Month Year



Notary Public in and For the State of New Jersey.
My commission expires on 4-8-2021.



Attachment A – Officers

Darren Reed Dingfelder

Managing Member

34 Ellis Court

Morganville, NJ 07751

Phone = 347-219-8834

Email = dreed@openergy.net

Susana Dingfelder

Member

34 Ellis Court

Morganville, NJ 07751

Phone = 917-279-6827

Email – susandi2001@yahoo.com



Office of the Secretary of State

**CERTIFICATE OF FILING
OF**

Optimum Group, L.L.C
File Number. 803396391

The undersigned, as Deputy 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.

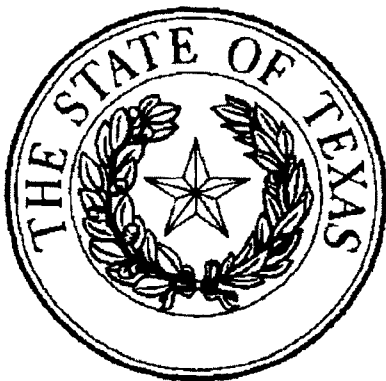
ACCORDINGLY, the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes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

Optimum Energy 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: 08/16/2019

Effective: 08/16/2019



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State

Come visit us on the internet at <https://www.sos.texas.gov>