



Control Number: 49779



Item Number: 52



ELECTRICITY BROKER REGISTRATION FORM

RECEIVED

2019 AUG 13 AM 10:42

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	Anchalee Chu		Title	President	
Business Address	16146 Parish Hall Dr.				
City	Spring	State	TX	Zip	77379
Telephone Number	832-643-1818				
Email Address	zonenergy@yahoo.com				

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

Name	Zon Energy, Inc.				
Business address	16146 Parish Hall Dr.				
City	Spring	State	TX	Zip	Spring
Telephone Number	832-643-1818				

4. Type of organization of registering entity:

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

52

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	Zon Energy Inc.	2 nd	Zon
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 832-643-1818	Email Address zonenergy@yahoo.com
Name Anchalee Chu	Title President	
Business address 16146 Parish Hall Dr.		
City Spring	State TX	Zip 77379
Telephone Number 832-643-1818		
Email Address zonenergy@yahoo.com		

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

Name Anchalee Chu	Title President	
Business address 16146 Parish Hall Dr.		
City Spring	State TX	Zip 77379
Telephone Number 832-643-1818		
Email Address zonenergy@yahoo.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 Anchalee Chu. I am the President 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.

Anchalee Chu

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

Anchalee Chu

Printed Name

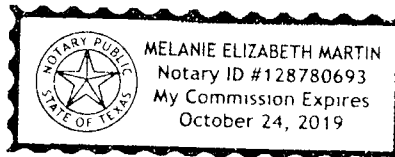
Name of Registering Entity

Sworn and subscribed before me this 9 day of August, 2019
Month Year

Melanie Elizabeth Martin

Notary Public in and For the State of Texas

My commission expires on Oct. 24, 2019





Office of the Secretary of State

CERTIFICATE OF FILING OF

ZON ENERGY, INC.

File Number: 800850940

Assumed Name:

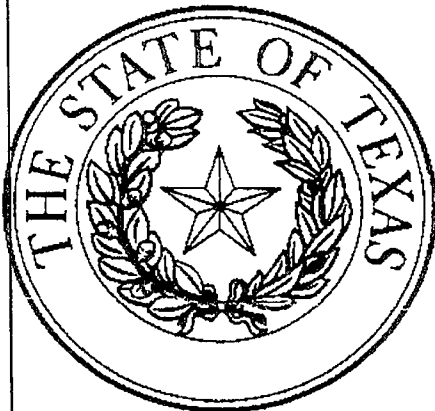
ZON ENERGY

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 05/29/2009

Effective: 05/29/2009



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Form 503
(Revised 01/06)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$25



This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAY 29 2009

Assumed Name Certificate

Corporations Section

Assumed Name

The assumed name under which the business or professional service is, or is to be, conducted or rendered is: ZON ENERGY, INC.

Entity Information

The name of the entity filing the assumed name is:

ZON ENERGY

State the name of the entity as currently shown in the records of the secretary of state or on its certificate of formation, if not filed with the secretary of state.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other | |

Specify type of entity if there is no check box applicable.

The file number, if any, issued to the filing entity by the secretary of state is: _____

The state, country, or other jurisdiction of formation is: TEXAS

The registered or similar office of the entity in the jurisdiction of formation is:
16146 PARISH HALL DR., SPRING, TX 77379

☒ The entity is required to maintain a registered office and agent in Texas. The address of its registered office in Texas and the name of the registered agent at such address is:

16146 PARISH HALL DR., SPRING, TX 77379

ANCHALEE L. CHU

The address of the principal office of the entity (if not the same as the registered office) is:

16146 PARISH HALL DR., SPRING, TX 77379

☐ The entity is not required to maintain a registered office and agent in Texas. Its office address in

in Texas is: _____

☐ The entity is not incorporated, organized or associated under the laws of Texas. The address of the principal place of business in this state is: _____

The office address of the entity is: _____

Period of Duration

☒ The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

☐ The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

County or Counties in which Assumed Name Used

The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: _____

☐ Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: ✓ 5-27-09

✓ Anchalee Chue

Signature and title of authorized person(s) (see instructions)

OFFICE OF
BEVERLY B. KAUFMAN
COUNTY CLERK
HARRIS COUNTY, TEXAS

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for

ZON ENERGY

under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

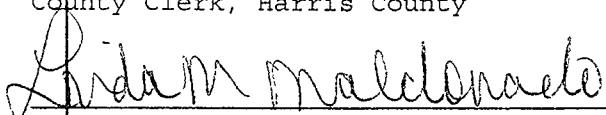
ZON ENERGY, INC.

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as JUNE 1, 2009 through JUNE 1, 2019.

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

Beverly B. Kaufman
County Clerk, Harris County


LINDA M. MALDONADO Deputy