

Control Number: 49779



Item Number: 654

Addendum StartPage: 0





## **ELECTRICITY BROKER REGISTRATION FORM**

### **PROJECT NO. 49779**

1. Check the most app	propriate box to describe this sub	mission	
☑ This is a new bro	ker registration		
☐ This supplies info	ormation for a pending broker regist	ration	
☐ This amends an existing, completed broker registration			
Provide an explana	tion of the amendment:		
2. Authorized Represe	entative or Attorney to contact ab	out this	s application:
Name Jeffry Pollock		ata lahi penera dari y	Title President
Business Address 126	47 Olive Blvd., Ste. 585		L
City St. Louis	State MO	Zip <sub>63</sub>	3141
Telephone Number (3	14) 878-5814		
Email Address jcp@jp	ollockinc.com		
3. Registering Entity:	List the registering entity's legal na	me, bus	siness address, and telephone number.
Name J Pollock, Inc			
Business address 1264	7 Olive Blvd., Ste. 585		
City St. Louis	State MO	Zip <sub>63</sub>	3141
Telephone Number (3	14) 878-5814		
4. Type of organizatio	n of registering entity:		
☐ Sole proprietor  ☑ Corporation ☐ Limited Liability Co ☐ Limited Partnership	□ Other ompany, L.L.C		

5. Description of the bi	rokerage services provided by th	e registering entity and type of customers served.
Description of Services Consulting services pr	s: ovided for Regulatory Issues, Er	nergy Procurement and Supply & Market Analysis
Types of Customers: (	Check all that apply	
□ Residential ☑ Commercial	<ul><li>✓ Industrial</li><li>☐ Municipalities</li></ul>	□ Other
listed in #3 above, undo intends to operate must		
1 <sup>st</sup>		2 <sup>nd</sup>
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
	s Attachment A, the names, bu officers, directors, and partners.	siness addresses, email addresses, and phone numbers of as applicable.
Attachment A		
department. If the regis	stering entity does not have a de	ber and email address of the customer service dicated customer service department, then provide the per of the customer service contact person.
Customer Service Department	Telephone Number (314) 878-5814	Email Address CEF@JPOLLOCKINC.COM
Name Carrie Flick		Title Office Manager
Business address 1264	7 Olive Blvd., Ste. 585	
City St. Louis	State MO	Zip <sub>63141</sub>
Telephone Number 31	48785814	
Email Address cef@jp	ollockinc.com	
9. Regulatory contact for a regulatory contact		Il business address, telephone number, and email address
Name Jeffry Pollock		Title President
Business address 1264	7 Olive Blvd., Ste. 585	
City St. Louis	State MO	Zip <sub>63141</sub>
Telephone Number (3	14) 878-5814	
Email Address jcp@jpo	ollockinc.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 _	Jeffry Pollock	I am the	President	of the Registering Entity.	
competent to to registering enti- correct and cor Utility Commis- and will comp	estify to them, and t ity. I further swear nplete and that any ssion of Texas in a ly with all require	that I have the r or affirm th substantial c timely manne ments of the	e authority to sat all statement hanges in such r. I swear or a applicable lav	stated in the attached registration, that I a ubmit this application form on behalf of the test made in the Registration Form are true information will be provided to the Publifirm that the registering entity understand and rules, including customer protection for retail electric service.	the ue, lic ids
		_	Pollock	Entity's Owner, Partner, or Officer	
•		J Pollo		tity	
	Sworn 2			this 23rd day of August , 2019	9 ear
		Notary I My com		E. FLICK - Notary Seal Vissouri - St. Louis County s: December 04, 2021	

#### Attachment A

President: Jeffry Pollock

Secretary: Jeffry Pollock

Sole Board of Director: Jeffry Pollock

Principal Place of Business: 12647 Olive Blvd., Ste. 585, St. Louis, MO 63141

Email: jcp@jpollockinc.com

Texas Certificate of Authority: 80042033 Missouri S Corp Certificate of Incorporation: 00621444

Business Phone Number: 314-878-5814



## Office of the Secretary of State

## CERTIFICATE OF AUTHORITY OF

J. Pollock, Inc. Filing Number: 800420033

The undersigned, as Secretary of State of Texas, hereby certifies that an application of the above named corporation for a Certificate of Authority to transact business in this State under the Texas Business Corporation Act has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Authority to transact business in this State from and after this date for the purpose or purposes set forth in the application under the name of

J. Pollock, Inc.

Dated: 12/01/2004

Effective: 12/01/2004



Geoffrey S. Connor Secretary of State

# Form 301 (revised 9/03)

Return in Duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$750



Application for Certificate of Authority Article 8.05 Texas Business Corporation Act This space reserved for office use.

In the Office of the Secretary of State of Texas

DEC 0 1 2004

**Corporations Section** 

	Corporation Act		
1. The name of the corpora	tion is as set forth below:		
J. Pollock, Inc.			
The name must not be the same as, de partnership name on file with the secre			
2A. The name of the corpo "corporation," "company," corporation with the word of	"incorporated," or "limite	ed" (or an abbreviation ther	eof). The name of the
2B. The corporation name will qualify and transact bu		The assumed name under	which the corporation
<ul><li>3. Its federal employer ident</li><li>Federal employer ident</li><li>4. It is incorporated under t</li></ul>	fication number informat	20-1879040 ion is not available at this t foreign country) Missouri	ime.
5. The date of its incorpora	tion is November 12, 2	2004 and its	period of duration is:
perpetual or lim	ited duration of a term of	years set as:	
6. The principal office adds (If the corporation does not maintain registered agent in the jurisdiction of % Gary R. Sarachan, Esq.	an office address in its jurisdictio	n of formation, then provide the regi	
7701 Forsyth Blvd., Fourth	Floor St. Louis	Missouri	63105
Address	City	State/Country	Zip/Postal Code
7. Its proposed registered a	gent in Texas is: (See instruc	ctions. Cannot be corporation named	d above )
Capitol Corporate Services,	Inc.		
and the street address of its proposed registered agent in			
800 Brazos, Suite 1100, Au	stin, Texas 78701		

in Texas are set forth	rposes of the corporation that below. The corporation also in the state or country under the state or	certifies that it is author			
The corporation prop State of Texas.	oses to engage in any busine	ss or activity that is not fo	orbidden by the laws of the		
9. The name and address of each of its directors is as follows:					
]	NAME	AD	DRESS		
Jeffry C. Pollock		PO Box 3973, St. Louis, MO 63006			
10. The name, address and office title of each of its officers is as follows:					
NAME	ADDRESS (include city & state)		OFFICE TITLE		
Jeffry C. Pollock	PO Box 3973, St. Louis, M	O 63006	President and Secretary		
11. As of the date of filing, the undersigned certifies that the foreign corporation currently exists as a valid corporation under the laws of the jurisdiction of its formation.					
Effective Date of Filing					
The document is to be effective when the document is filed by the secretary of state.  OR  This document will become effective at a later date, which is not more than ninety (90) days from					
the date of its filing by the secretary of state. The delayed effective date is:					
Execution					
The undersigned authorized officer of the corporation signs this document subject to the penalties imposed by law for the submission of a false or fraudulent document.					
Signature of Authorized Officer Date					