

Control Number: 49779



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ELECTRICITY BROKER REGISTRATION FORM

REGISTRATION DIVISION
FILING CLERK

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 Sammy G. Pernicano	Title Owner	
Business Address 5987 Orchard Woods Dr.		
City West Bloomfield	State MI	Zip 48324
Telephone Number 248-388-6202		
Email Address spernicano@msn.com		
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.		
Name Sunstar C&E Services LLC		
Business address 5987 Orchard Woods Dr.		
City West Bloomfield	State MI	Zip 48324
Telephone Number 248-388-6202		
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:

Broker electricity to commercial businesses

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		2 nd
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 248-388-6202	Email Address spernicano@msn.com
Name Sammy G. Pernicano		Title Owner
Business address 5987 Orchard Woods Dr.		
City West Bloomfield	State MI	Zip 48324
Telephone Number 248-388-6202		
Email Address spernicano@msn.com		

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

Name Sammy G. Pernicano		Title Owner
Business address 5987 Orchard Woods Dr.		
City West Bloomfield	State MI	Zip 48324
Telephone Number 248-388-6202		
Email Address spernicano@msn.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 Sammy Pernicano. I am the owner of the Registering Entity.

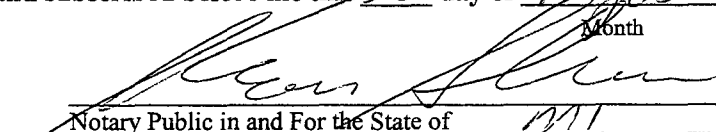
I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration 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.

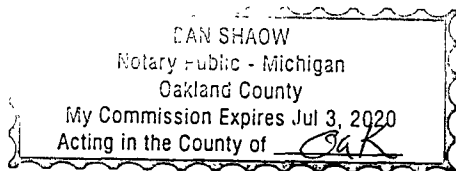

Signature of Registering Entity's Owner, Partner, or Officer

Sammy Pernicano
Printed Name

Sunstar C&E Services, LLC
Name of Registering Entity

Sworn and subscribed before me this 30 day of August, 2019
Month Year


Notary Public in and For the State of MI
My commission expires on 7/3/2020



TEXAS SECRETARY of STATE
RUTH R. HUGHS

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Transaction Receipt

Session ID: 082919HL1724
Document #: 910325220002
August 29, 2019

SOSDirect has received your document submission or your order for copies of or certificates related to records on file with the secretary of state. This receipt is not evidence that the secretary of state has approved the document for filing. All documents must be reviewed for statutory compliance before filing. You will be notified by email when the document is filed or rejected and when the order has been processed. Please make note of the document number referenced above so that you may track the progress of the document or order.

Expected response times for the following are:

- Filings within 2 business days following date of receipt;
- Copies (certified or plain) within 4 business days.

If you are not in receipt of your notification within this timeframe, please contact help@sos.texas.gov or call (512) 475-2755 for assistance.

Thank you for allowing us to assist you with your request. To return to the Business Organizations menu, please [click here](#).