

Control Number: 49779



Item Number: 954

Addendum StartPage: 0



2019 SEP - 3 PM 12: 03 ELECTRICITY BROKER REGISTRATION FORMULTY COMMISSION

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:					
☑ This is a new broker registration					
\Box This supplies information for a pending broker registration					
□ This amends an existing, completed broker registration					
Provide an explana	tion of the amendm	ent:			
2. Authorized Repres	entative or Attorn	ey to contact abo	out this	application:	
Name United States Corporation Agents, Inc.				Title Agent	
Business Address 9900 Spectrum Drive					
City _{Austin}	State _{TX}		Zip ₇₈₇₁₇		
Telephone Number (800) 773-0888					
Email Address michaelj@goodsonpower.com					
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.					
Name GoodSon Power Management, LLC					
Business address 1731 Ashemore CT					
City _{Midlothian}	State _{TX}		Zip ₇₆	065	
Telephone Number (2	14) 682-5263				
4. Type of organizatio	on of registering en	itity:			
 Sole proprietor Corporation Limited Liability Co Limited Partnership] Other			

RECEIVED.

5. Description of the b	rokerage services provided by th	he registering entity and type of customers served.			
Description of Service Risk Management, En	s: ergy Procurement, Energy Man	agement, Consulting			
Types of Customers:	Check all that apply				
🗆 Residential	🗹 Industrial	□ Other			
☑ Commercial	□ Municipalities				
6. Other Names List	any trade commercial and doi	ng-business-as (d/b/a) names, other than the legal name			
listed in #3 above, und		ntends to operate. Any name in which a corporation			
1 st		2 nd			
3 rd	4 th	5 th			
	is Attachment A, the names, bi officers, directors, and partners	usiness addresses, email addresses, and phone numbers of , as applicable.			
☑ Attachment A					
department. If the regi	istering entity does not have a d	nber and email address of the customer service edicated customer service department, then provide the ber of the customer service contact person.			
Customer Service Department	Telephone Number (214) 682-5263	Email Address michaelj@goodsonpower.com			
Name Michael Manna		Title _{Manager}			
Business address 173	Business address 1731 Ashemore CT				
City Midlothian	State _{TX}	Zip ₇₆₀₆₅			
Telephone Number ₂ .					
Email Address michae	elj@goodsonpower.com				
9. Regulatory contact for a regulatory contact		cal business address, telephone number, and email address			
Name Micahel Manna	· · · · · · · · · · · · · · · · · · ·	Title Manager			
Business address 173	1 Ashemore CT	• • • •			
City _{Midlothian}	State _{TX}	Zip ₇₆₀₆₅			
Telephone Number (214) 682-5263					
Email Address michae	elj@goodsonpower.com				

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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 MICHAEL MANNA . 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

MICHAEL MANNA

Printed Name

GoodSon Power Management, LLC Name of Registering Entity

Sworn and subscribed before me this \mathcal{OO}^{\prime} day of illigu Month Year Notary Public in and For the State of 11 My commission expires on



Attachment A

а – а

Owner Name: Michael Manna Business Address: 1731 Ashemore CT Midlothian, TX 76065 Email Address: <u>michaelj@goodsonpower.com</u> Phone Number: (214) 682-5263 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

June 02, 2016

Attn: Legalzoom.com, Inc.

Legalzoom.com, Inc. 101 N. Brand Blvd, 10th Floor Glendale, CA 91203 USA

RE: GoodSon Power Management, LLC File Number: 802468626

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at http://window.state.tx.us/taxinfo/franchise/index.html.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10285

Dial: 7-1-1 for Relay Services Document: 673290330002 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

GoodSon Power Management, LLC File Number: 802468626

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been 'found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

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: 05/31/2016

Effective: 05/31/2016



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Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: Tiffany Garcia Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10306

Dial: 7-1-1 for Relay Services Document: 673290330002 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$300



Certificate of Formation Limited Liability Company Filed in the Office of the Secretary of State of Texas Filing #: 802468626 05/31/2016 Document #: 673290330002 Image Generated Electronically for Web Filing

Title: Manager

Title: Manager

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

GoodSon Power Management, LLC

Article 2 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

United States Corporation Agents, Inc.

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:

9900 Spectrum Drive Austin TX 78717

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the governing persons are set forth below:

Manager 1: RENEE MANNA

Address: 10809 Marchant Cir. Dallas TX, USA 75218 Manager 2: MICHAEL J MANNA Address: 10809 Marchant Cir. Dallas TX, USA 75218

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]				
	Organizer			
The name and address of the	e organizer are set forth below.			
Cheyenne Moseley	101 N. Brand Blvd., 10th Floor, Glendale, CA 91203			
	Effectiveness of Filing			
A. This document become	s effective when the document is filed by the secretary of state.			
	OR			
B. This document become signing. The delayed effective	s effective at a later date, which is not more than ninety (90) days from the date of its e date is:			
	Execution			
undersigned signs this docun	the person designated as registered agent has consented to the appointment. The nent subject to the penalties imposed by law for the submission of a materially false or rtifies under penalty of perjury that the undersigned is authorized under the provisions of kecute the filing instrument.			
Cheyenne Moseley				
Signature of Organizer				

FILING OFFICE COPY

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