

# **Filing Receipt**

Filing Date - 2023-12-20 01:11:19 PM

Control Number - 55268

Item Number - 24



Public Utility Commission of Texas 1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7000 Web address: <u>www.puc.texas.gov</u>

# Application for, or amendment to, a Retail Electric Provider (REP) Certificate

(In accordance with 16 Texas Administrative Code (TAC) § 25.107)

### TIFLE PAGE (TP)

ALL SUB-PARTS ARE APPLICABLE TO OPTION 1, 2, AND 3 REPS.

TP-I. Applicant Name = Applicant must provide its legal business name as it appears on applicant's relevant Texas Secretary of State (Texas SoS) registration. A relevant Texas SoS registration can include a Centificate of Formation or Certificate of Registration/Authority, or equivalents.

Applicant legal business name: ATLANTIC ENERGY TEXAS, LLC

Second applicant legal business name (if required):

FP-2. Type of Certification – As required by 16 TAC § 25.107(a)(1)(A), a person must obtain a REP certificate under section 16 TAC § 25.107 before purchasing, taking title to, or reselling electricity to provide retail electric service. A person may certify as an Option 1 REP, Option 2 REP, or Option 3 REP.

(a) Check only one of the following and, as applicable, provide the required information.

- ☑ New REP Option 1 certification
- □ New REP Option 3 certification
- New REP Option 2 certification
- REP certificate amendment
  - Type of REP certificate:
  - REP certification no.:

(b) For amendment applications, check one or more of the following options relating to the amendment categories requested in this filing:

- □ Change in ownership or control of the applicant.
- □ Corporate restructuring that involves the applicant (Option 1 REPs only).
- Transfer of a REP certificate.
- □ Name change amendment, including addition or deletion of assumed names.
- □ Customer Change, including additions or deletions of customers (Option 2 and 3 REPs only).

- □ Change in service area (Option 1 REPs only).
- □ Change in technical and managerial qualifications (Option 1 REPs only).
- □ Change in financial qualifications (Option 1 REPs only).
- □ Change in REP's type of certification as an Option 1, Option 2, or Option 3 REP.
- □ Relinquishment of certification.
- **Other** (Explain in "c" below).

(c) Written explauation of the amendment (attach additional pages if necessary),

Corrective filing related to Section OI-6(d) to align Atlantic Energy's filings with the Texas secretary of state show the names AE Texas Commercial and AE Texas Residential which were incorrect in prior filings. Please note that the ERCOT LSE applications were all tested under the correct names as listed with the SOS.

(d) Date each material change was or will be effective. As required by 16 TAC §-25.107(h)(4)(A), an applicant must state the effective date of each material change that prompted the amendment application.

Date(s): 12/20/2023

MANDATORY INFORMATION	(MI)
	· · · · · · · · · · · · · · · · · · ·

#### MI-1, MI-2, AND MI-3 ARE APPLICABLE TO OPTION 1, 2, AND 3 REPS.

MI-1. Applicant's Primary Contact Information - As required by 16 TAC § 25.107(d)(1)(D)(i).

Contact name: Emily Cipes Title: Chief Marketing & Compliance Officer

Street or mailing address: 2170 Buckthorne Place

Mailing address (suite, floor or room): Suite 375

City: The Woodlands	State: Texas	ZIP: 77380
Phone no.: 800.917.9133 x 0006	Toll free no.: 800-917-9133	
Email: emily@atlanticenergyco.com	Web address: www.atlanticenergyco.com	

MI-2. Authorized Representative Contact Information – As required by 16 TAC § 25.107(d)(1)(D)(ii).

Contact name: Emily Cipes Title: Chief Marketing & Compliance Officer

Street or mailing address: 2170 Buckthorne Place

Mailing address (suite, floor or room): Suite 375

City: The Woodlands State: Texas

Phone no.: 800.917.9133 x 0006

Email: emily@atlanticenergyco.com

Web address: www.atlanticenergyco.com

MI-3. General Affidavit – As required by 16 TAC § 25.107(d)(2)(A), an applicant is required to provide as Attachment MI-3 a signed, notarized affidavit from an executive officer affirming all material provided in the application is true, correct, and complete.

Applicant completed and provided Attachment MI-3.

#### MI-4 AND MI-5 ARE APPLICABLE TO OPTION 1 REPS ONLY.

MI-4. Persons Prohibited from Exercising Control – As required by 16 TAC § 25.107(e)(2)(E)(iv), an applicant must complete the affidavit labeled as Attachment MI-4. An applicant must further provide as Attachment MI-4 a statement identifying certain persons that meet the criteria of 16 TAC § 25.107(e)(2)(E)(iv)(I)(-a-) through (-d-), and the applicant's relationship with such persons. As specified by 16 TAC § 25.107(e)(2)(E)(iv)(I), such persons are inclusive of all of the applicant's principals, executive officers, employees, and third-party providers that meet the criteria. Further, 16 TAC § 25.107(e)(2)(E)(v) requires an applicant affirm that persons listed under 16 TAC § 25.107(g)(1) do not control the applicant and are not relied upon by the applicant to meet the requirements listed under 16 TAC § 25.107(e)(1)(A) – (B). The affidavit must be notarized and signed by an executive officer of the applicant.

ZIP: 77380

Applicant must check all of the options below that apply.

Applicant has identified a principal, executive officer, employee, or third-party provider of applicant that:

- Exercised direct or indirect control over a REP that experienced a mass transition of the REP's customers under 16 TAC § 25.43 at any time within the six months prior to the mass transition. Applicant provided Attachment MI-4, including a supporting affidavit, identifying the person and their relationship to the applicant in accordance with 16 TAC § 25.107(c)(2)(E)(iv)(I)(-a-) and 16 TAC § 25.107(g)(1)(A)(i).
- □ Exercised direct or indirect control over a market participant at any time within the six months prior to a market participant having had its ERCOT standard form market participant agreement (SFA) terminated or a similar agreement for an applicable independent organization terminated. Applicant provided Attachment MI-4, including a supporting affidavit, identifying the person and their relationship to the applicant in accordance with 16 TAC § 25.107(c)(2)(E)(iv)(I)(-b-) and 16 TAC § 25.107(g)(1)(A)(ii).
- Exercised direct or indirect control of a market participant within the prior six months of a market participant having exited an electricity or gas market with outstanding payment obligations that remain outstanding. Applicant provided Attachment MI-4, including a supporting affidavit, identifying the person and their relationship to the applicant in accordance with 16 TAC § 25.107(e)(2)(E)(iv)(I)(-c-) and 16 TAC § 25.107(g)(1)(A)(iii).
- □ Have been barred, in any way, participation by Commission order. Applicant provided Attachment MI-4, including a supporting affidavit, identifying the person and their relationship to the applicant in accordance with 16 TAC § 25.107(e)(2)(E)(iv)(I)(-d-) and 16 TAC § 25.107(g)(1)(B).
- None of the above criteria apply to any of an applicant's principals, executive officers, employees, or third-party providers. Applicant completed and provided the affidavit labeled as Attachment MI-4.
- Applicant confirms that a person meeting the criteria for persons prohibited from controlling a REP in accordance with 16 TAC § 25.107(g):
  - (1) does not control the applicant; and
  - (2) is not relied upon to meet the relied upon to meet the basic certification requirements of 16 TAC § 25.107(d) or the technical and managerial requirements of 16 TAC § 25.107(e).

MI-5. Information on Principals – As required by 16 TAC § 25.107(d)(2)(E)(iii) and (iv), an applicant must provide a list of ALL names, titles, phone numbers, and emails of applicant's principals, including executive officers, in Microsoft Excel/format, To report more than live principals, including executive officers, provide as Attachment MI-5 additional pages of information.

Under 16 1AC § 25.107(b)(13), the term principal includes: A sole proprietor; a general partner of a partnership; an executive of a company (e.g., a president, chief executive officer, chief operating officer, chief financial officer, general connsel, or equivalent position); a manager, managing member, or a member, vested with the management authority of a limited fiability company or limited fiability partnership; a shareholder with more than 10% equity of the REP, if a public company; and a person who exercises control and has apparent or actual authority to excrease such control over either the REP of a principal. A consultant, third-party provider, or fiduciary of acompany such as the

over alle REP.orgn Name: Emily Cipes	Title: Chief Marketing & Complicance Officier		
Name: Sammy Janowitz	Title: Senior VP - Commercial	Phone no.: 800.917.9133 x 0007	Email: saramy@atlanticenergyco.com
Name: Rob Cantrell	Title: CEO	Phone no.: 800.917.9133 x 0001	Email: rcantrel@atlanticenergyso.com
Name: Phillip Wills	Title: CFO	Phone no.: 800.917.9133 x 0003	Email: pwills@allanticenergyco.com
Name: Marta Odom	Title: COO	Phone no.: 800.917.9133 x 0302	Email: modom@atlanticenergyco.com

Applicant provided additional principals as Attachment MI-5.

Updated 5/15/23

Registration Form for Retail Electric Providers

Page 9 of 37

OTHER INFORMATION (OI)			
OI-1, O1-2, OI-3, OI-4, OI-5, OI-6, AND OI-7 ARE APPLICABLE TO			
OPTION 1, 2, AND 3 REPS. OI-1. Regulatory Representative Contact Information – As required by 16-1 AC S			
25.107(d)(d)(b)(iii):	CI INFORM <u>ATION</u> — AS REQUIRED BY 1	O LAC S	
Contact name: Emily Cipes	Title: Chief Marketing & Com	pliance Officer	
Street or mailing address: 2170 Buckthorne Place			
Mailing address (suite, floor or room): Suite 375			
City: The Woodlands	State: Texas	ZIP: 77380	
Phone no.: 800.917.9133 x 0006		, <u> </u>	
Email: emily@atlanticenergyco.com	Web address: www.atlantice	energyco.com	
/OI-2. Customer Complaint Representat	iveContactInformation - As rea	nired by the DAC S	
25.107(d)(d)(D)(dv).			
Contact name: Emily Cipes	Title: Customer Complaint R	epresentative	
Street or mailing address: 2170 Buckthorne Place			
Mailing address (suite, floor or room): Suite	375		
City: The Woodlands	State: Texas	ZIP: 77380	
Phone no.: 800.917.9133 x 0006	Toll free no.: 800-917-9133		
Email: emily@atlanticenergyco.com	Web address: www.atlantice	energyco.com	
@I=3Emergency Contact Information	- As required by 16 TAC 8,25107	ad tal tal balays. An	
applicant may provide up to three	e emergency contacts. The Comm	ission prefers that an	
eapplicant provide at letst two-em Primary contact: Sara Petrozza	1		
Primary contact: Sara Petrozza Title: Call Center Manager Office no.: 800-917-9133 x 1003			
Cell no.: 718-513-8113	Home no.: 718-513-8113		
Email: sara@atlanticenergyco.com		aveo com	
Email: sara@atlanticenergyco.com Web address: www.atlanticenergyco.com			
Secondary contact: Marta Odom	Title: COO		
Office no.: 800-917-9133 x 0002			
Cell no.: 281-691-3025	Home no.: 281-591-3025		
Email: modom@atlanticenergyco.com	Web address: www.atlanticener	gyco.com	
	daman er er en		

Updated 5/15/23

ı i

Tertiary contact: Emily Cipes	Title: Chief Marketing & Comp	oliance Officer	
Office no.: 800-917-9133 x 0006			
Cell no.: 818-371-9323	Home no.: 818-371-9323		
Email: emily@atlanticenergyco.com	Web address: www.atlantice	nergyco.com	
(a), Texas Office Address (cannot b § 25.107(d)(1)(E)(i). An applica applicant's relevant Texas SoS service. The Texas office addres 25.107(d)(1)(E)(i)(III). The Tex primary business office ander ( address is not a P.O. Box.	I consolites address mailing address field by 10 iF(ess 25:107(d)(b)(c)) e a Post Office Box (P.O. Box)) – A int must provide a Texas office address registration for the purpose of pro iss may not be a P.O. Box under 16 (as office address may be the same DI-4(b), provided that the principa	ss and address of its s required by 16 TAC iress, as it appears on viding customer TAC § as the applicant's	
Primary business office address: 2170 Buc	· · · · · · · · · · · · · · · · · · ·	77200	
City: The Woodlands	State: Texas	ZIP: <b>77380</b>	
Email: info@atlanticenergyco.com	Email: info@atlanticenergyco.com Web address: www.atlanticenergyco.com		
Phone no.: 800-917-9133	Toll free no.: 800-917-9133		
The Texas office address is the same as primary business office address, and the primary business office address is not a P.O. Box.			
(b). State of Formation/Incorporation and Address of Primary Business Office (Principal Place of Business) — As required by 16 TAC § 25.107(d)(1)(E)(ii), an applicant must provide its state of formation or incorporation, and the address of its primary business office address as it appears on applicant's relevant Texas SoS registration. An applicant's primary business office is its principal place of business (i.e. where its executive officers direct, control, and coordinate the corporation's activities) and may be located in a different state from the applicant's state of formation or incorporation.			
State of formation/incorporation: Texas			
Primary office address: 2170 Buckthorne Place, Suite 375			
City: The Woodlands	State: Texas	ZIP: <b>77380</b>	
(c), Mailing Address (if different from the Texas Office address or primary business office address) – As required by 16 TAC § 25.107(d)(1)(E)(ii).			
Mailing address: same as primary business office address			
City:	State:	ZIP:	

	As required by 16 TAC § 25.107(d)(1 and address of the applicant's register f process	
Name of Registered Agent: Con	poration service COmpnay d/b/a CSC-Lawy	yers Incorpation Service Company
Address of Registered Agent: 2	211 E. 7th Street, Suite 620	
City: Austin	State: Texas	ZIP: 78710-3218
	n Plan – As required by 16 TAC § 25. aergency operations plan that complie	
an applicant must on an approved applicat accordance with 16 T legal business name a applicant must also r (a). Primary Name on must disclose infor information related information requir As required by 16 the applicant's relation	and Legal Entity Status – As required ly provide retail electric service under tion for certification or subsequent an TAC § 25.107(d)(1)(C), a REP's certifi- and all assumed names under which it naintain an active business registratio Certificate – As required by 16 TAC § mation related to the applicant's statu- d to its tax status and authority to do l red under 16 TAC § 25.107(d)(1)(A)-(C TAC § 25.107(d)(2)(B)(i), an applicant evant Texas SoS registration as Attach	r the name or names set forth in nendment application. In cate must contain the REP's proposes to provide service. An on with the Texas SoS. § 25.107(d)(2)(B), an applicant is as a legal entity, including business in Texas to verify the C). t is required to provide a copy of ment OI-6. An applicant must
Under 16 TAC § 2 the applicant's Tex	ng numbers associated with such regis 5.107(d)(2)(B)(i) an applicant's legal b tas SoS registration, must not be dece to 16 TAC § 25.272, or duplicative of	ousiness name, as it appears on ptive, misleading, vague,
	pplicant's legal business name on applicabl of this form): Atlantic Energy Texa	
For name change amendment of	only, applicant's previous legal business nam	ne:
Texas SoS (or County) filing n	umber associated with registration: 80417	77997
<ul> <li>Certificate of Format</li> </ul>	stration on file with the Texas SoS. Comple ion or equivalent (For Texas Entities) ration/Authority or equivalent (For Out-of-S	
Date and state where business	was established: 08/04/2021, Texas	

Applicant provided a copy of its Texas SoS registration (either a Certificate of Formation or Certificate of Registration/Authority, or equivalent) as Attachment OI-6.

(b). Tax Information and Other Registrations – As required by 16 TAC § 25.107(d)(2)(B)(ii), an applicant must disclose its Texas Comptroller Tax Identification number; and all other relevant or applicable file numbers.

Texas Comptroller's Tax ID no.: 32080450433

Other applicable or relevant certification/file nos.:

(c), EXISTING Approved Assumed Names (if applicable) (Maximum of Five Assumed Names) – To comply with 16 TAC § 25,107(d)(1)(A), an applicant must disclose any assumed names already used in the applicant's regular course of business as a REP.

Commission approved assumed name: N/A

Commission approved assumed name:

Commission approved assumed name:

Commission approved assumed name:

Commission approved assumed name:

(d). REQUESTED Assumed Names (if applicable) (Maximum of Five Assumed Names) – An applicant may request to use up to a total of five assumed names in addition to the primary name on the REP certificate. Under 16 TAC § 25.107(d)(1)(B), a REP is prohibited from using more than five assumed names in association with a single REP certificate.

Name: AE Texas	Texas SoS file no. 804177997	Date active: 07/24/2023
Name: Atlantas Power	Texas SoS file no. 804177997	Date active: 07/24/2023
Name: Atlantex Power	Texas SoS file no. 804177997	Date active: 07/24/2023
Name: AE Texas Commercial	Texas SoS file no. 804177997	Date active: 07/24/2023
Namc: AE Texas Residentia	I Texas SoS file no. 804177997	Date active: 07/24/2023

(e). DELETION of EXISTING Assumed Names (if applicable)

Assumed name to be DELETED: N/A

Assumed name to be DELETED:

- OI-7. Ongoing Obligations In accordance with 16 TAC § 25.107(d)(2)(F), an applicant must provide as Attachment OI-7 a statement that applicant has complied with the requirements under 16 TAC § 25.107(d)(1)(F) and (H)-(I), or for 16 TAC § 25.107(d)(1)(I) how the applicant will comply, and include a short summary describing the manner of compliance for each subparagraph.
  - Applicant provided a statement affirming compliance with 16 TAC § 25.107(d)(1)(F) and (H)(I) and included a short summary describing the manner of compliance for each subparagraph as Attachment OI-7.

## **OI-8 AND OI-9 ARE APPLICABLE TO OPTION 1 REPS ONLY.**

OI-8. ERCOT Requirements – In accordance with 16 TAC § 25.107(e)(1)(C)(i)-(iv) an applicant, if providing retail electric service in the ERCOT region, must provide the below information as required by 16 TAC § 25.107(d)(2)(F)(i)-(v).

- Qualified Scheduling Entity (QSE) information. Applicant completed and provided Attachment OI-8.
- Applicant confirmation of capability and effective procedures. Applicant confirms it has the capability and effective procedures to be the primary point of contact for retail electric customers for distribution system service in accordance with applicable Commission rules, including procedures for relaying outage reports to the TDU on a 24-hour basis.
- Outage notification information. Applicant confirms it will provide outage notifications in accordance with 16 TAC § 25.53.
- ERCOT testing obligation. Applicant has or will soon complete ERCOT's flight test obligation.
  - Date of applicant's last (or applicant's next scheduled) ERCOT Flight Test: Flight 1023

OI-9. Registration with ERCOT or Other Applicable Independent Organization –As required by 16 TAC § 25.107(e)(2)(E)(iii), an applicant is required to provide as Attachment OI-9 a notarized affidavit signed by an executive officer of the applicant affirming that the applicant will register with or be certified by the applicable independent organization and that the applicant will comply with the technical and managerial requirements of this subsection; and that third-party providers with whom the applicant has a contractual relationship are registered with or certified by the independent organization, as appropriate, and will comply with all system rules and protocols established by the applicable independent organization.

Applicant completed and provided Attachment OI-9.

	ALLIACHNIENI AFFIDAVIT FOR ALL AF	PLICATIONS
	General Affiday	il
State of: Texas	ş	
	ş	
County of: Montgomery	ş	
My name is Phillip Wills	I am the CFO	of the applicant.

I swear and affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a retail electric provider (REP) certificate, that I am competent to attest to those facts, and that I have the authority to make this statement on behalf of the applicant. I further swear and affirm that all of the statements and representations made in this application for a REP certificate, or amendment to a REP certification, are true and correct. I swear and affirm that the applicant understands and will comply with all requirements applicable to a REP.

flully D. WM

Signature

Phillip Wills

Typed or Printed Name

CFO

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 20th day of December . 20 23

Notary Public in and for the State of Texas My commission expires on: <u>SI030/2624</u>

