

APPLICATION

This is an application for (check one):

☒ **Original certificate** (new company)

☐ **Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

Alternative Choice Wireless, LLC

2. The Florida Secretary of State corporate registration number:

L12000045133

3. F.E.I. Number: 45-4994071

4. Structure of organization:

The company will be operating as a:
(Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other, please specify below: |

If a partnership, provide a copy of the partnership agreement.

If a foreign limited partnership, proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS). The Florida registration number is: NA

COM _____
AFD _____
APA _____
ECO _____
ENG _____
GCL _____
IDM _____
CLK _____

1 copy of Application

COMMISSION
CLERK

2025 MAY -5 AM 9:55

RECEIVED-FPSC

5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: Doreen Guess
Title: Comptroller
Street Address: 199 Avenue B NW, Suite 500
Post Office Box:
City: Winter Haven
State: FL
Zip: 33881
Telephone No.: 863-324-2455
Fax No.:
E-Mail Address: dguess@alt-choice.com

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: Doreen Guess
Title: Comptroller
Street Address: 199 Avenue B NW, Suite 500
Post Office Box:
City: Winter Haven
State: FL
Zip: 33881
Telephone No.: 863-324-2455
Fax No.:
E-Mail Address: dguess@alt-choice.com
Company Homepage: myacw.net

(c) Optional secondary point of contact or liaison:

(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

Name: Brian Varner
Title: President
Street Address: 199 Avenue B NW, Suite 500
Post Office Box:
City: Winter Haven
State: FL
Zip: 33881
Telephone No.: 863-324-2455
Fax No.:
E-Mail Address: bvarner@alt-choice.com

6. Physical address for the applicant that will do business in Florida:

Street address: 199 Avenue B , Suite 500
City: Winter Haven
State: FL
Zip: 33881
Telephone No.: 863-324-2455
Fax No.:
E-Mail Address: dguess@alt-choice.com

7. List the state(s), and accompanying docket number(s), in which the applicant has:

(a) **operated** as a telecommunications company. Florida

(b) **applications pending** to be certificated as a telecommunications company.
NA

(c) **been certificated** to operate as a telecommunications company. NA

(d) **been denied authority** to operate as a telecommunications company and the circumstances involved. NA

(e) **had regulatory penalties imposed** for violations of telecommunications statutes and the circumstances involved. NA

(f) **been involved in civil court proceedings** with another telecommunications entity, and the circumstances involved. NA

8. The following questions pertain to the officers and directors. Have any been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings? ☐ Yes ☒ No

If yes, provide explanation.
NA

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates)? ☐ Granted ☐ Denied ☒ Neither

If granted provide explanation and list the certificate holder and certificate number.
NA

If denied provide explanation.
NA

(c) an officer, director, and partner in any other Florida certificated telecommunications company? ☐ Yes ☒ No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.
NA

9. Florida Statute 364.335(1)(a) requires a company seeking a certificate of authority to demonstrate its managerial, technical, and financial ability to provide telecommunications service.

Note: *It is the applicant's burden to demonstrate that it possesses adequate managerial ability, technical ability, and financial ability. Additional supporting information may be supplied at the discretion of the applicant. For the purposes of this application, financial statements MUST contain the balance sheet, income statement, and statement of retained earnings.*

- (a) **Managerial ability:** An applicant must provide resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.
- (b) **Technical ability:** An applicant must provide resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.
- (c) **Financial ability:** An applicant must provide financial statements demonstrating financial ability by submitting a balance sheet, income statement, and retained earnings statement. An applicant that has audited financial statements for the most recent three years must provide those financial statements. If a full three years' historical data is not available, the application must include both historical financial data and pro forma data to supplement. An applicant of a newly established company must provide three years' pro forma data. If the applicant does not have audited financial statements, it must be so stated and signed by either the applicant's chief executive officer or chief financial officer affirming that the financial statements are true and correct.

10. Where will you officially designate as your place of publicly publishing your schedule a/k/a tariffs or price lists)? (Tariffs or price lists MUST be publicly published to comply with Florida Statute 364.04).

☐ Florida Public Service Commission

☒ Website – Please provide Website address: myacw.net

☐ Other – Please provide address: _____

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telecommunications companies must pay a regulatory assessment fee. A minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I understand the Florida Public Service Commission's rules, orders, and laws relating to the provisioning of telecommunications company service in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned owner or officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical ability, managerial ability, and financial ability to provide telecommunications company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules, orders and laws.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, ***"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."***

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name:	Brian Varner
Title:	President
Telephone No.:	863-324-2455
E-Mail Address:	bvarner@alt-choice.com

Signature:  Date: 4-21-2025

CERTIFICATE TRANSFER

As current holder of Florida Public Service Commission Certificate Number NA,
I have reviewed this application and join in the petitioner's request for a transfer of the
certificate.

COMPANY OWNER OR OFFICER

Print Name: _____
Title: _____
Street/Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____

Signature: _____



Date: _____

5-24-2025