

CK#: 1002
Amnt: \$500.00
OK Date: 04/24/25
YU

Deposit Number

000802

Dkt. #: 20250076

FILED 5/6/2025
DOCUMENT NO. 03413-2025
FPSC - COMMISSION CLERK

APPLICATION

Copy

This is an application for (check one):

Deposit Date

MAY 06 2025

☒ **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"/> | Foreign Corporation |
| <input checked="" type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Sole Proprietorship |

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | General Partnership |
| <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Other, please specify below: |

COMMISSION
CLERK

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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

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