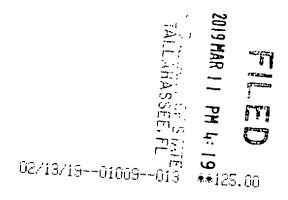
M1900002494

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| 3/11 | | |
| Manue N/A W19-18073 | | |

Office Use Only



300324406353



S. PRATHE!



February 23, 2019

ROBERT J. D'AMICO 200 BUFFALO CENTER LANE WASHINGTON, PA 15301

SUBJECT: ALTERNATIVE NETWORK SOLUTIONS, LLC

Ref. Number: W19000018073

We have received your document for ALTERNATIVE NETWORK SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 619A00003864

RECEIVED

MAR 1 1 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/05/07 FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | |
|---|--|
| 1. Alternative Network Solution (Name of Foreign Limited Liability Company; must include "Limited Lab | US THULC |
| • · · · · · · · · · · · · · · · · · · · | |
| tlf name univariable, enter alternate name adopted for the purpose of transacting business in Flor da. T | he alternate name must include "I insted I sability Company," "I, I, C," or "I I i |
| 2 Partnership PA | 37-3213240 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | FFI number, if applicable) |
| | |
| 4. | |
| (Date first transacted business in Florida, it pear to registr. (See sections 605 0004 A, 605 0005; f. S. to determine per | ation) salty bability) |
| 5 200 Buffalo Center Lane | 16 200 Ruffalo Conter Lave |
| (Street Address of Principal Confee) | (Mailing Address) |
| Washing ton, PA 15301 | Libeliants PA 1530 |
| - WUSKING 100, 1 77 13 301 | Washington, PA 153d |
| | |
| | |
| 7. Name and street address of Florida registered agent; (P.O. Box. NO. | <u>) 1_acceptable)</u> |
| | |
| Name: Robert J. D'Amico | |
| | |
| Office Address: 415 Northstan Laux | 2 |
| Fdae water | 32141 |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert D'Amico

2019 MAR 1 1 PM 4: 19

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total].

Title or Capacity:

Name and Address:

Name and Address:

Title or Capacity:

| Manager ☐Member Mathorized Person | Name: Robert D'Omico Address: 415 Northstarlane Edgewater F1. 32141 | Manager Member Authorized Person | Name Geoff Zimmerman Address: 358 Central Drive Craw Dorry Twp. AA 16066 |
|--|---|--|--|
| Other | Other | Other | Other |
| ☐Manager ☐Member ☐Authorized Person ☐Other | Name | ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: |
| ☐Manager | NameAddress: | ☐ Manager | Name:Address |
| Authorized | Addicss. | Authorized | Address. |
| Person | | Person | |
| Other | Other | Other | Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

). Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

DUNICO

TALLAHASSEE, FL

2019 MAR | | PM 4: |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 02/05/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Alternative Network Solutions, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190205090386-1

Verify this certificate online at http://www.corporations.pa.gov/orders/venfy