

# M19000002494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

3/11  
MOMEN/A W19-18073

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2019 MAR 11 PM 4:19

TALLAHASSEE, FL

02/13/19--01009--013 \*\*125.00

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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 11 2019

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alternative Network Solutions II, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Partnership PA 3. 27-3213240  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability.)

5. 200 Buffalo Center Lane 6. 200 Buffalo Center Lane  
(Street Address or Principal Office) (Mailing Address)

Washington, PA 15301 Washington, PA 15301

7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)

Name: Robert J. D'Amico

Office Address: 415 Northstar Lane

Edgewater, Florida 32141  
(City) (Zip code)

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 J. D'Amico  
(Registered agent's signature)

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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:

☒ Manager Name: Robert D'Amico

☐ Member Address: 415 Northstar Lane

☒ Authorized Edgewater Fl. 32141

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** Name and Address:

☒ Manager Name: Geoff Zimmerman

☐ Member Address: 358 Central Drive

☐ Authorized Crawberry Twp. PA 16066

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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)

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

Robert J. D'Amico  
Signature of an authorized person

Robert J. D'Amico  
Typed or printed name of signee

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TALLAHASSEE, FL

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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

*Kathly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190205090386-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>