

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

L902

1382842.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/30/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Authority**

**FBE**

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

**WOLVERINE MAT, LLC**

3. The state or country under whose law the entity is organized is **Michigan**.

4. The date of organization is **6/27/2019** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**MasTec, Inc. Legal Dept 800 S Douglas Rd, Suite 1200, Coral Gables, FL 33134**

6. The name of the initial registered agent is

**Corporation Service Company**

and the street address of the entity's initial registered office in Kentucky is

**421 West Main Street, Frankfort, KY 40161**

7. The names and business addresses of the entity's representatives:

<b>Member</b>	MasTec North America, Inc.	800 S Douglas Rd, Suite 1200, Coral Gables, FL 33134
---------------	----------------------------	--

8. This entity is managed by **Members**.

9. This application will be effective on **Tuesday, July 30, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Secretary of Member:**  
**Alberto de Cardenas**

I, **Corporation Service Company**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Tuesday, July 30, 2024.