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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

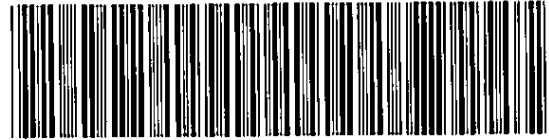
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 29 AM 11:59

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2021 JUN 29 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 881888 5030276

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : June 25, 2021

ORDER TIME : 9:22 AM

ORDER NO. : 881888-005

CUSTOMER NO: 5030276

FOREIGN FILINGS

NAME: INTREN, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTREN, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ellen Widom

Name of Person

Mastec, Inc.

Firm/Company

800 S. Douglas Rd., Ste. 1200

Address

2Coral Gables, FL 33134

City/State and Zip Code

ellen.widom@mastec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Widom	305	406-1882
_____ Name of Contact Person	at (_____) Area Code	_____ Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INTREN, 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. ILLINOIS 3. 36-3772971
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18202 W. Union Rd. 6. Attn: MasTec, Inc. Legal Dept
(Street Address of Principal Office) (Mailing Address)

Union, IL 60180

800 S Douglas Rd, Suite 1200

Coral Gables, FL 33134

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (Zip code)

FILED
2021 JUN 29 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Corporation Service Company

By:

Shanda E. Robinson
Shanda E. Robinson, Registered Agent

(Registered agent's signature)

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 Apple

☐ Member Address: 800 S Douglas Rd, #1200

☐ Authorized Coral Gables, FL 33134

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: George Pita

☐ Member Address: 800 S Douglas Rd, #1200

☐ Authorized Coral Gables, FL 33134

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Derek Simon

☐ Member Address: 18202 W. Union Rd

☐ Authorized Union, IL 60180

Person _____

☒ Other CFO ☐ Other _____

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

☒ Manager Name: Pablo Alvarez

☐ Member Address: 800 S Douglas Rd, #1200

☐ Authorized Coral Gables, FL 33134

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sherina May Edwards

☐ Member Address: 18202 W Union Rd

☐ Authorized Union, IL 60180

Person _____

☒ Other CEO & Secretary ☐ Other _____

☐ Manager Name: Zach McGuire

☐ Member Address: 800 S Douglas Rd, #1200

☐ Authorized Coral Gables, FL 33134


Person _____

☒ Other EVP ☐ 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.



Signature of an authorized person

Alberto de Cardenas, Assistant Secretary

Typed or printed name of signee

ADDENDUM

INTREN, LLC

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

8. (Continued)

<u>Title of Capacity</u>	<u>Name and Address</u>	<u>Title or Capacity:</u>	<u>Name and Address</u>
Other: Asst. Secretary	Alberto de Cardenas 800 S Douglas Rd, #1200 Coral Gables, FL 33134	Other: Vice President	Paul DiMarco 800 S Douglas Rd, #1200 Coral Gables, FL 33134

File Number

0599799-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

INTREN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 27, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JUNE A.D. 2021 .***

Jesse White

SECRETARY OF STATE