

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

KNLP

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

1. The name of the partnership electing to become a limited liability partnership is

**Janes Family Trucking LLP**

2. The mailing address of the chief executive office of the limited liability partnership is

**6104 Milltown Rd, Columbia, KY 42728**

3. The street address of the partnership's initial registered office in Kentucky is

**6104 Milltown Rd, Columbia, KY 42728**

and the name of the initial registered agent at that office is **Kayla Janes**

4. The above partnership elects to be a limited liability partnership.

5. This application will be effective on **Monday, May 6, 2024**.

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

General Partner: **Micah Janes**

General Partner: **Kayla Janes**

I, **Kayla Janes**, consent to sign for **Kayla Janes** who serves as the Registered Agent on behalf of the limited liability partnership.  
on Monday, May 6, 2024