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TALLAHASSEE, FLORIDA

J. Shivers JUN 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

RecoveryQuote, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Gilbert

Name of Person

RecoveryQuote, LLC

Firm/Company

2715 Pienza Circle

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

support@recoveryquote.com

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

For further information concerning this matter, please call:

Robert Gilbert

844

864-8644

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: RecoveryQuote, LLC

SECOND: The street address of the limited liability company's principal office is:
2715 Pienza Circle

Royal Palm Beach, FL 33411

The mailing address of the limited liability company's principal office is:
2715 Pienza Circle

Royal Palm Beach, FL 33411

THIRD: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

Robert Gilbert

- a. Granted to: _____

Suzanne Spencer

- b. No authority granted to: _____

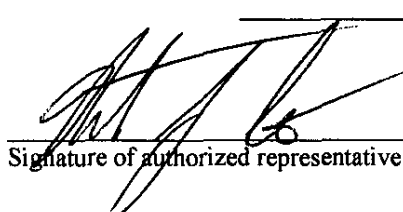
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Robert Gilbert

- a. Granted to: _____

Suzanne Spencer

- b. No authority granted to: _____


Signature of authorized representative

Robert J. Gilbert
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)