

P21000069555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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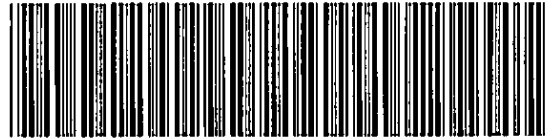
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 SEP  
21 JUN - 1 PM 12:43  
TALLAHASSEE, FLORIDA

D O'KEEFE  
AUG 02 2021

W21-16669



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2021

JAMES W. COWART      SECOND CORRECTION REQUEST  
13952 BLAKE ST.  
DADE CITY, FL 33525

SUBJECT: 1865 FREEDMEN'S BUEAU  
Ref. Number: W21000016669

FILED  
21 JUN -1 PM 12:43  
TALLAHASSEE, FLORIDA

We have received your document for 1865 FREEDMEN'S BUEAU and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

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) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 821A00002932

2021 JUN -1 PM 3:00

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: 1805 FREEDOM'S BUREAU  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: JAMES W. COWART  
Name (Printed or typed)

13952 Blake St.  
Address

DADE CITY, FL 33526  
City, State & Zip

352-455-5604  
Daytime Telephone number

JAMES.COWART@720MAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: 1865 FREEDMEN'S BUREAU BUREAU INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13952 BLAKE STREET  
DADG CITY RI 03525

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE HOUSING, FOOD, MEDICAL  
ASSISTANCE, ESTABLISH SCHOOLS ~~AND~~ AND MAKE HARVESTING  
CONTRACTS FOR AFRICAN AMERICAN WORKERS TO WORK IN THE  
FIELDS.

**ARTICLE IV SHARES**

The number of shares of stock is: TEN THOUSAND

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: JAMES W. COWART REPRESENTATIVE Name and Title: JAMES W. COWART  
Address: ATLANTA OF FREEDMEN'S BUREAU INC, Address: PRESIDENT AND CEO  
AND OWNER 13952 BLAKE ST.  
DADO CITY FL 33525

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JAMES W. COWART  
Address: 13952 BLAKE ST.  
DADO CITY FL 33525

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ABRAHAM LINCOLN (FOUNDER)  
Address: 2 LINCOLN MEMORIAL CIR.  
N.W. WASHINGTON D.C. 20002

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-18-21 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

James W. Cowart  
Required Signature/Registered Agent

01-14-21  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

James W. Cowart  
Required Signature/Incorporator

01-14-21  
Date