



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Domestic Profit Corporation Application Checklist

☐ The attached application must be filled out in its entirety. All fields with an asterisk * are required.

☐ The filing fee is a minimum of \$100 and maximum of \$1,000. The fee is dependent on the number of authorized shares. For the first 100,000 shares the fee will be \$100. Thereafter, the fee will increase by \$1 per 1,000 shares not to exceed \$1,000. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

New Mexico Secretary of State

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501



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Type or Print Legibly
\$100.00 Min. Filing Fee

Profit Corporation

Articles of Incorporation

The undersigned, acting as incorporator(s) to form a corporation under the New Mexico Business Corporation Act, adopt the following Articles of Incorporation:

Article One: *The name of the corporation: _____

(must contain 'corporation', 'company', 'incorporated', or 'limited' or an abbreviation of such words)

DBA name(s): _____

(must contain 'corporation', 'company', 'incorporated', or 'limited' or an abbreviation of such words)

Email Address: _____ Phone Number: _____

Article Two: *The aggregate number of shares that the corporation has the authority to issue: (Attach schedule if needed) _____

Article Three: *The purpose for which the corporation is incorporated: (Please list a **specific** purpose for which the corporation is organized.) _____

*The corporation elects to be designated as a Benefit Corporation pursuant to 53-12-7 NMSA 1978.

☐

Yes

☐

No

If yes, the benefit purpose: _____

Article Four: *The period of duration is:

☐

Perpetual

OR

☐

Specific Date or Number of Years _____

Article Five:

(1) *The name of the registered agent is:

Individual First and Last Name

OR

Registered Corporation Name and Business ID #

(2) *The New Mexico street address of the initial registered agent is: (must be a physical address)

City

State

Zip code

(3) The New Mexico mailing address of the initial registered agent is: ☐ same as physical address

City

State

Zip code

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501

PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081

WWW.SOS.STATE.NM.US

(4) *The principal place of business of the corporation is: (must be a physical address)

City

State

Zip code

(5) The mailing address of the corporation is: ☐ same as physical address

City

State

Zip code

Article Six: *The names and complete addresses of the initial board of directors are:

Name	Address	City	State	Zip code

Article Seven: *The name and complete address of each incorporator is: (attach a schedule if needed)

Name	Address	City	State	Zip code

*Executed Date:

*Signature(s) of Incorporator(s)

*Printed Name(s)

**Statement of Acceptance of Appointment by
Designated Initial Registered Agent**

If the Registered Agent listed on Article Five is an **individual**, complete **box one**.

If the Registered Agent listed on Article Five is a **corporation**, complete **box two**.

Please Note: the corporation filing these articles cannot be listed as their own registered agent.

Box One - *Individual as Registered Agent

I, _____
(Registered Agent's Printed Name)
the undersigned individual, hereby accept the appointment as initial registered agent of
_____,
(Corporation's Name)
the Corporation which is named in the Articles of Incorporation.

(Registered Agent's Signature)

Box Two - *Corporation as Registered Agent

I, _____
(Authorized Person's Printed Name and Title)
the undersigned individual on behalf of _____,
(Registered Agent Corporate Name)
hereby accept the appointment as initial registered agent of
_____,
(Corporation's Name)
the Corporation which is named in the Articles of Incorporation.

(Authorized Person's Signature)



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Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: _____

Contact Phone Number: _____

Attention: _____

Mailing Address: _____

City State Zip code

Email Address: _____

All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

☐ check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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