



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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