



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## **Domestic Nonprofit Application Checklist**

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

The filing fee is \$25. 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



STATE OF NEW MEXICO  
**MAGGIE TOULOUSE OLIVER**  
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Type or Print Legibly  
\$25.00 Filing Fee

**Nonprofit Corporation  
Articles of Incorporation**

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

**Article One:** \*The name of the nonprofit is:

\_\_\_\_\_

DBA name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Article Two:** \*The purpose for which the nonprofit 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 Three:** \*The period of duration is:

Perpetual OR Specific Date or Number of Years \_\_\_\_\_

**Article Four:**

(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:

\_\_\_\_\_

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:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Article Five:** \*The names and complete addresses of the initial board of directors are: **(please list at least 3 directors)**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Article Six:** \*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)

\*Each incorporator listed on Article Six must sign and print their name. Attach an addition page if needed

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

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

If the Registered Agent listed on Article Four 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  
\_\_\_\_\_,  
(Nonprofit's Name)  
the Nonprofit 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  
\_\_\_\_\_,  
(Nonprofit's Name)  
the Nonprofit 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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