



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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