



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Cooperative Association Application Checklist

The attached application must be filled out in its entirety.

*

This application must be signed by all five incorporators and at least three of the signatures must be notarized.

The filing fee is \$80. 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
\$80 Filing Fee

Cooperative Association Articles of Incorporation

The undersigned do hereby certify that we on this day formed a Cooperative Association under the laws of the State of New Mexico pursuant to 53-4-1 to 53-4-45 NMSA 1978 and we further certify:

Article One*: The name of the association is:

(the name must include the word 'Cooperative')

Email Address: _____ Phone Number: _____

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

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 directors who shall manage the affairs of the association for the first year, unless sooner changed are: (please list a minimum of 5)

Name	Address	City	State	Zip code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Article Six: *The names and complete addresses of the incorporators are: (please list a minimum of 5 individuals or two or more associations. If associations please provide the names of the presidents and secretaries.)

Name	Address	City	State	Zip code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Article Seven: *Choose the applicable option and complete the required information for your selection.

OR The association is organized without shares, and the memberships subscribed for is _____

The association is organized with shares. Please list the amount of authorized capital, the number of types of shares and the par value thereof:

The minimum number of shares which must be owned in order to qualify for membership is: _____
The maximum percentage of capital which may be owned or controlled by any member is: _____

Article Eight*: The method by which any surplus, upon dissolution of the association, shall be distributed, in conformity with the requirements of Section (53-4-36) herein for division of such surplus is:

*Executed Date

*Signatures of Incorporators

*Printed Names

(* A minimum of 3 signatures must be notarized)

State of: _____
County of: _____

Signed before me on this, _____ day of _____ 20__, by _____, _____, and _____.

SEAL

Notary Public

My commission expires: _____

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

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

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

Please Note: the cooperative 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
_____,
(Cooperative's Name)
the Cooperative Association 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
_____,
(Cooperative's Name)
the Cooperative Association 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.

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

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