



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Foreign Limited Liability Company Application Checklist

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

You must attach a Certificate of Good Standing issued by your domestic state **dated within 30 days** of being received and accepted by our office. Some states refer to it as a Certificate of Existence or Certificate of Fact.

The filing fee is \$100. 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
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Type or Print Legibly
\$100 Filing Fee

**Foreign Limited Liability Company
Application for Registration**

The undersigned limited liability company, in order to apply for a Certificate of Registration to conduct affairs in New Mexico Under the Limited Liability Company Act, submits the following statement:

1: The name of the limited liability company as registered in the domestic state is:

If the company proposes to transact business under a different name(s) **or** if the company name does not contain the words 'limited liability company,' 'limited company', or the abbreviation, state the company name as above and include the word ending it elects to use in New Mexico:

*Domestic State: _____ *Date of Organization: _____

Email Address: _____ Phone Number: _____

2: The purpose for which the company is organized: (Please list a specific purpose for which the company is organized.)

3: (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 office address: (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

4: *The names and complete addresses of the person(s) in whom management of the limited liability company is vested

Name Address City State Zip code

The company is a foreign limited liability company as defined in Section 2 of the New Mexico Limited Liability Company Act. The Secretary of State is appointed the agent of the foreign limited liability company for service of process if, upon resignation of the appointed registered agent no agent has been appointed, or, if appointed, the agent's authority has been revoked or the agent cannot be found or served in the exercise of reasonable diligence.

*Executed Date:

*Signature of Authorized Person

*Printed Name

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

If the Registered Agent listed on item four is an **individual**, complete **box one**.

If the Registered Agent listed on item four is a **corporation** or LLC, complete **box two**.

Please Note: the LLC filing this application 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
_____,
(Company's Name)
the Limited Liability Company which is named in the Application for Registration.

(Registered Agent's Signature)

Box Two - *Corporation or LLC 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
_____,
(Company's Name)
the Limited Liability Company which is named in the Application for Registration.

(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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