



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Domestic Profit Corporation Restated Application Checklist

Please fill out the application 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.

Restated Articles of Incorporation shall supersede the original articles of incorporation and all prior amendments and restatements. If amending less than three articles it is suggested you submit Amended Articles of Incorporation.

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

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



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
 SECRETARY OF STATE

Type or Print Legibly
 \$100.00 Min. Filing Fee

Profit Corporation
Restated Articles of Incorporation

The undersigned corporation under the New Mexico Business Corporation Act, adopts the following Restated Articles of Incorporation which supersede the original Articles of Incorporation and any amendments thereto:

Article One: *The current **name, DBA name(s), and business ID number** of the corporation:

If applicable, the name is being changed to: (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) _____

*The Articles of Incorporation were initially filed on: _____

*The date of any previous amendments: _____

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

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

(3) The New Mexico mailing address of the initial registered agent is: same as physical address

City _____ State _____ Zip code _____

(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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Executed Date:

*Officer Signature

*Printed Name and title

**Statement of Acceptance of Appointment by
Designated Successor 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 Restated 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 Restated Articles of Incorporation.

(Authorized Person's Signature)



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

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.

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