



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Domestic Nonprofit Restated Articles Application Checklist

Please fill out the application in its entirety. All fields with an asterisk * are required.

This application must be signed by two officers of the corporation

The filing fee is \$20. 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 recommended that 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



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Type or Print Legibly
\$20.00 Filing Fee

Nonprofit Corporation

Restated Articles of Incorporation

The undersigned corporation under the New Mexico Nonprofit 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 nonprofit is:

If applicable, the name is being changed to: _____

DBA name(s): _____

*The Articles of Incorporation were initially filed on: _____

*The date of any previous amendments: _____

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: 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 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

*Executed Date:

<div></div>	<div></div>
*Officers Signatures	*Printed Names and Titles

Statement of Acceptance of Appointment by Designated Successor 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)



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