



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Foreign Cooperative Association 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 by our office. Some states refer to it as a Certificate of Existence or Certificate of Fact.

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



STATE OF NEW MEXICO

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Type or Print Legibly
\$80 Filing Fee

**Foreign Cooperative Association
Application for Certificate of Authority**

The undersigned Cooperative Association, in order to apply for a Certificate of Authority to conduct affairs in
New Mexico under the Cooperative Association Act, submits the following statement:

1. *The name of the association is:

If the association's name does not contain the word 'cooperative', please list the name with the word 'cooperative':

*Domestic State: _____ *Date of organization: _____

Email Address: _____ Phone Number: _____

2. *The period of duration is:

Perpetual

OR

Specific Date or Number of Years _____

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 _____

(4) *The address of the association's office in the domestic state: (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

(5) The mailing address of the corporation is: same as physical address

City _____ State _____ Zip code _____

4. *The names, titles, and complete addresses of the officers and directors of the association are:

Name	Title	Address	City	State	Zip code

*Executed Date

_____	_____
_____	_____
*Signatures of Officers	*Printed Names

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

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

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

Please Note: the cooperative 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
_____,
(Cooperative's Name)
the Cooperative Association which is named in the Application for Certificate of Authority.

(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 Application for Certificate of Authority.

(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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