



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Domestic Profit Corporation Dissolution Application Checklist

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

You must attach the following clearances to your application.

1. Certificate of No Tax Due - Issued by the Department of Taxation and Revenue
2. Certificate of Compliance - Issued by the Department of Workforce Solutions.

The statement of intent to dissolve must be filed prior to this application.

The filing fee is \$50. 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

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



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Type or Print Legibly
\$50 Filing Fee

Profit Corporation
Articles of Dissolution

The undersigned, acting with authority pursuant to the provisions of the New Mexico Business Corporation Act, adopts the following Articles of Dissolution:

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

*The Statement of Intent to Dissolve was filed on: _____

Article Two: All debts, obligations and liabilities of the corporation have been paid and discharged or adequate provision has been made. The remaining property and assets of the corporation have been distributed in among its shareholders in accordance with their respective rights and interests. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Article Three: *I confirm that the corporation has resigned as a registered agent or is not currently a registered agent for any entity registered in New Mexico

*Executed Date:

*Signature of Officer

*Printed Name and Title

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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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