



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Foreign Profit Corporation Registration of Name 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 fees are a \$1 monthly fee and \$10 renewal fee. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

**Please note a renewal of registration can only be submitted between
October 1st and December 31st.**

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



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Type or Print Legibly
\$1 Monthly Fee
\$10 Renewal Fee

**Foreign Profit Corporation
Registration of a Corporate Name**

Pursuant to the provisions of the New Mexico Business Corporation Act, the undersigned corporation hereby applies for the below:

*Registration Type: Initial Registration Renewed Registration

1. The name of the corporation is: _____

2. The DBA name(s) of the Corporation: _____

3. It is Incorporated under the laws of: _____

4. The date of its incorporation is: _____

5. It is carrying on or doing business as follows:

5. The corporation's address is:

City State Zip Code

This application must be accompanied by an original certificate of good standing issued by the state of incorporation dated within 30 days of being received by our office.

Executed Date:

Signature of Officer

Printed Name and Title

**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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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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