

Requirements and Instructions for Converting a Foreign Profit Corporation (53-19-60 NMSA 1978)

The following instructions will assist you in converting your foreign profit corporation to a limited liability company. If you need assistance after reviewing these instructions please contact the Business Services Division at 1-800-477-3632.

Filing Fees: \$200 conversion fee plus the \$100 formation fee. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Filing: An authorized officer of the corporation shall file with the Secretary of State:

- 1. A certified copy of the conversion that has taken place in the domestic state.
- 2. The Application for Certificate of Registration of a Foreign Limited Liability Company, attached. All fields with an asterisk * are required.
- 3. 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.
- 4. A check or money order in the amount of the calculated filing fee made payable to NMSOS.

Please mail the entire packet to:

New Mexico Secretary of State

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501



Type or Print Legibly \$100 Filing Fee

Foreign Limited Liability Company Application for Registration

The undersigned limited liability company, in order to apply for a Certificate of Registration to conduct affairs in New Mexico Under the Limited Liability Company Act, submits the following statement:

1: *The name of the limited liability company as registered in the domestic state is:				
	mpany,' 'limited company', o	erent name(s) or if the company name does not contain or the abbreviation, state the company name as above o:		
*Domestic State:	*[*Date of Organization:		
Email Address:	PI	Phone Number:		
2: The purpose for which the organized.)	company is organized: (Pleas	se list a specific purpose for which the company is		
3: (1) *The name of the regist	ered agent is:			
Individual First and Last Name	e <u>OR</u>	Registered Corporation Name and Business ID #		
(2) *The New Mexico street a	address of the initial register	ed agent is: (must be a physical address)		
City	State	Zip code		
(3) The New Mexico mailing a	ddress of the initial registere	ed 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

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of the corporation is: same as ph	nysical address		
State		Zip code	
•	•		
Address	City	State	Zip code
etary of State is appointed the agen tion of the appointed registered ag	t of the foreign limited lent no agent has been a	liability company appointed, or, if a	for service of ppointed, the
	plete addresses of the person(s) in Address n limited liability company as definetary of State is appointed the agention of the appointed registered ag	plete addresses of the person(s) in whom management of Address City In limited liability company as defined in Section 2 of the New York of State is appointed the agent of the foreign limited tion of the appointed registered agent no agent has been as	plete addresses of the person(s) in whom management of the limited liability

Statement of Acceptance of Appointment by Designated Initial Registered Agent

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

Box One - *Individual as Registered Agent

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

Please Note: the LLC filing this application cannot be listed as their own registered agent.

l,
(Registered Agent's Printed Name)
the undersigned individual, hereby accept the appointment as initial registered agent of
(Company's Name)
the Limited Liability Company which is named in the Application for Registration.
(Registered Agent's Signature)
Box Two - *Corporation or LLC as Registered Agent
I <u>,</u>
(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
(Company's Name)
the Limited Liability Company which is named in the Application for Registration.



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.