



STATE OF NEW MEXICO  
**MAGGIE TOULOUSE OLIVER**  
SECRETARY OF STATE

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.

Use the filing fee calculation below to calculate your filing fee. The filing fee will never be less than \$200 or more than \$1,000. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

$$\frac{7(a) + 7(b)}{7(c) + 7(d)} \times 6A = \frac{\text{Total}}{1000} = \$ \text{ Filing Fee}$$

If the calculation is less than 200 the filing fee is \$200, if it is more than 1000 the filing fee is \$1,000. Otherwise, the filing fee is the exact amount calculated.

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  
 Filing Fee  
 Min. \$200 Max. \$1,000

**Foreign Profit Corporation**  
**Application for Certificate of Authority**

The undersigned corporation, in order to apply for a Certificate of Authority to conduct affairs in New Mexico  
 Under the Business Corporation Act, submits the following statement:

1: \*The name of the corporation as registered in the domestic state is:

\_\_\_\_\_  
 If the corporate name does not contain the word 'corporation,' 'company,' 'incorporated', or 'limited', or the  
 abbreviation, state the corporate name as above and include the word ending it elects to use in New Mexico **and/**  
**or** list any DBA name(s) the company wishes to use in New Mexico:

\*Domestic State: \_\_\_\_\_ \*Date of Incorporation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2: \*The purpose for which the corporation 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: \_\_\_\_\_  
 \_\_\_\_\_

3: \*The period of duration is:  
 Perpetual **OR** Specific Date or Number of Years \_\_\_\_\_

4: (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 valid 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 registered office in the domestic state 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 \_\_\_\_\_  
(6) The principal place of business in New Mexico: None

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

5: \*The names, titles and complete addresses of the initial board of directors are: (please list at least 1 officer and 1 director)

Name Title Address City State Zip code

\_\_\_\_\_

6. \*The aggregate number of shares which the corporation has the authority to issue **and** the number of shares that have been issued, itemized by class and series, if any, within each class is: (attach schedule if needed).

(A) *Authority to Issue	(B) *Have been issued

7. \*Provide an estimate expressed in dollars, for each of the following based on the **current fiscal year**: (Please list a dollar amount, zero, or none. **Do not list n/a.**)

(a) *The gross amount of business which will be transacted at or from places of business in New Mexico	\$
(b) *The value of all property to be owned and located in New Mexico	\$
(c) *The gross amount of business which will be transacted at or from places of business wherever transacted	\$
(d) *The value of all property to be owned and located wherever	\$

\*Executed Date:

\_\_\_\_\_

\_\_\_\_\_  
\*Signature of Officer(s)

\_\_\_\_\_  
\*Printed Name(s)

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

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

If the Registered Agent listed on item 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  
\_\_\_\_\_,  
(Corporation's Name)  
the Corporation 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  
\_\_\_\_\_,  
(Corporation's Name)  
the Corporation 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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