



New Mexico

Secretary of State

Business Services Division

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501

(800) 477-3632 · www.sos.state.nm.us

**SUBMIT ORIGINAL
TYPE OR PRINT LEGIBLY
\$25 FEE**

NONPROFIT CORPORATION ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) to form a corporation under the New Mexico Nonprofit Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE: The name of the Nonprofit is:

ARTICLE TWO: The period of duration is (Enter period of existence or "perpetual" if the nonprofit has no desired end date):

ARTICLE THREE: The purpose for which the Nonprofit is incorporated is:

ARTICLE FOUR:

(1) The name of the initial registered agent for the Nonprofit is (The RA must be an individual or a registered entity in **NM**):

(2) The New Mexico street address of the Nonprofit's initial registered is (Must be a physical address):

ARTICLE FIVE: The names and addresses of the **three** initial board of directors are (Attach a schedule if needed):

ARTICLE SIX: The name(s) and address(es) of each incorporator is (Attach a schedule if needed):

Executed Date:

Signature of Incorporator(s)

Printed Name(s)



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NONPROFIT CORPORATION STATEMENT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED INITIAL REGISTERED AGENT

Complete Box 1 if the Registered Agent is an individual.

Complete Box 2 if the Registered Agent is a Corporation or Partnership.

Only complete the applicable box.

Box 1-Individual as Registered Agent

I, _____
(Registered Agent's Printed Name)

hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent

of _____
(Nonprofit's Name)

the Nonprofit Corporation which is named in the annexed Articles of Incorporation.

By _____
(Registered Agent's Signature)

Box 2-Entity as Registered Agent

I, _____
(Authorized Person's Printed Name) (Authorized Person's Title)

of _____
(Registered Agent/Entity's Name)

hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent

of _____
(Nonprofit's Name)

the Nonprofit Corporation which is named in the annexed Articles of Incorporation.

By _____
(Registered Agent's Signature)



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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY