



New Mexico
Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

**SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY**

**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 Corporation is: _____

ARTICLE TWO:
The period of duration is: _____

ARTICLE THREE:
The purpose for which the corporation is organized is _____

ARTICLE FOUR:
(1) The New Mexico street address of the corporation's initial registered office is:

(P.O. Box is not acceptable. Provide a description of the geographical location if a street address does not exist)

(2) The name of the initial registered agent at the address of the initial registered office is:

ARTICLE FIVE: The names and addresses of the initial board of directors are: *(minimum number of directors required is three) (attach schedule if needed)*

NAME

ADDRESS



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ARTICLE SIX: The name and address of each incorporator is: *(attach schedule if needed)*

NAME

ADDRESS

Dated: _____

Signature of Incorporator(s)
(each person named in Article Six must sign)



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STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT

I, _____,
hereby acknowledge that the undersigned individual or corporation accepts appointment
as Initial Registered Agent of _____,
the corporation which is named in the annexed Articles of Incorporation.

*(Sign on this line if the registered agent named in the Articles of Incorporation is an individual.
If this line is signed, the two lines below do not apply and must be left blank.)*

CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

*(If the registered agent named in the Articles of Incorporation is a corporation, type or print
the name of that corporation here.)*

By _____
(An authorized officer of the corporation being appointed as registered agent must sign here)



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 Corporations Bureau

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DOCUMENT DELIVERY INSTRUCTIONS

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: _____

DATE DROPPED OFF AT CORPORATIONS BUREAU: _____ TIME: _____
 - OR -
 DATE MAILED TO CORPORATIONS BUREAU: _____

Contact Business Name: _____

Contact Person Name: _____

Contact Email Address: _____

Contact Phone: _____

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:

WILL PICKUP MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED 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. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY