



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 DISSOLUTION**

Pursuant to the provisions of Section 53-8-51 of the New Mexico Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

ARTICLE ONE: The name of the corporation is (include NM CORP #)

ARTICLE TWO: *(select the appropriate action taken)*

___ The **date of the meeting of members** at which the resolution to dissolve was adopted was _____. A quorum of the members entitled to vote was present and the amendment received at least two-thirds (2/3) of the votes which members present at the meeting or represented by proxy were entitled to cast, or the resolution was adopted by a consent in writing signed by all members entitled to vote thereon.

OR

___ The **date of the meeting of the board of directors** at which the resolution was adopted was _____. The corporation has no members, or no members entitled to vote thereon, therefore the resolution to dissolve was adopted by a majority vote of the board of directors in office.

ARTICLE THREE: *(select the appropriate statement)*

___ A copy of the plan of distribution as adopted by the corporation is **attached**.

OR

___ No plan of distribution was adopted.

ARTICLE FOUR: All debts, obligations and liabilities of the corporation have been paid and discharged or adequate provision has been made therefore. All remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of the Nonprofit Corporation Act. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Dated: _____

Name of Corporation

Two officers must sign: By _____

Signature of Authorized Officer

By _____

Signature of Authorized Officer

**NOTE: ATTACH THE CLEARANCE FOR DISSOLUTION TO THESE
ARTICLES OF DISSOLUTION**

Form DNP-DV (revised 6/13)



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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