



New Mexico Secretary of State

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

FILE DUPLICATE ORIGINALS

FILING FEE: \$50.00

ARTICLES OF INCORPORATION

The undersigned, do hereby certify that we on this day formed a Cooperative Association (53-4-1 to 53-4-45 NMSA 1978) under the laws of the State of New Mexico, and we further certify:

ARTICLE ONE: The corporate name of the association shall be:

ARTICLE TWO: The purpose or purposes are: _____

ARTICLE THREE: The name of its initial registered agent and the street address (PO BOX UNACCEPTABLE UNLESS GEOGRAPHICAL LOCATION IS GIVEN) and city of the initial registered office in New Mexico is:

the location and address of the principal office of the association is:

ARTICLE FOUR: The period of existence is: _____

ARTICLE FIVE: The name and addresses of the incorporators are: (five or more)

NAME ADDRESS

ARTICLE SIX: The names and addresses of the directors who shall manage the affairs of the association for the first year, unless sooner changed by the members, are: (not less than five directors)

NAME ADDRESS

ARTICLE SEVEN: The association is organized without shares, and the number of memberships subscribed for is _____. If organized with shares, the amount of authorized capital, the number of types of shares and the par value thereof, which may be placed at any figure and the rights, preference, and restrictions of each type of share is:

Empty rectangular box for additional information.

ARTICLE EIGHT: The minimum number of shares which must be owned in order to qualify for membership is:

ARTICLE NINE: The maximum amount of percentage of capital which may be owned or controlled by any member is:

ARTICLE TEN: The method by which any surplus, upon dissolution of the association, shall be distributed, in conformity with the requirement of Section 36 (53-4-36) herein for division of such surplus is:

DATED: _____

INCORPORATOR

State of: _____

County of: _____

On this _____ day of _____ before me personally appeared who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

NOTARY PUBLIC

(NOTARY SEAL)

My commission expires: _____



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Business Services Division

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COOPERATIVE ASSOCIATION 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.

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

(Association's Name)

the Cooperative Association 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

(Association's Name)

the Cooperative Association 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