



New Mexico
Secretary of State

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

Profit Corporation
ARTICLES OF DISSOLUTION
BY INCORPORATOR(S)

Pursuant to the provisions of Section 53-16-1 of the New Mexico Business Corporation Act, the undersigned, being a majority of the incorporator(s) of the corporation named herein, adopt the following Articles of Dissolution:

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

ARTICLE TWO: The date of issuance of its Certificate of Incorporation was:

ARTICLE THREE: None of the corporation's shares have been issued. The corporation has not commenced business. The amount, if any, actually paid in on subscriptions for its shares, less any part thereof disbursed for necessary expenses, has been returned to those entitled thereto. No debts of the corporation remain unpaid. A majority of the incorporators elect that the corporation be dissolved.

Dated:

Three horizontal lines for signature.

Signature(s) of A Majority of Incorporator(s)

THE CLEARANCES FOR DISSOLUTION ISSUED BY THE
FOLLOWING
NEW MEXICO STATE AGENCIES MUST BE ATTACHED TO THIS
DOCUMENT:

- 1) Taxation and Revenue Department ("Certificate of No Tax Due")
2) Department of Labor ("Certificate of Compliance")
3) Secretary of State ("Letter of Clearance")



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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