



**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  
Foreign Profit Corporation**

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

The undersigned corporation, in order to apply for a Certificate of Authority to transact business in New Mexico under the Business Corporation Act, submits the following statement to the Secretary of State:

1. The name of the corporation is (must be identical to the corporate name as stated on the Certificate of Good Standing from its domestic state): \_\_\_\_\_

\_\_\_\_\_.

It is incorporated under the laws of:

\_\_\_\_\_.

2. If the corporate name does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation of one of these words (as required under the New Mexico Business Corporation Act), state the corporate name as above and include the word or abbreviation it elects to add for use in New Mexico: \_\_\_\_\_

\_\_\_\_\_.

3. The date of incorporation in its domestic state is: \_\_\_\_\_.

The period of duration is: \_\_\_\_\_.

4. The address of the corporation's registered office in its domestic state is:

\_\_\_\_\_.

The address of the principal office, if different from the registered office address, is:

\_\_\_\_\_.

5. The street address of the proposed registered office in New Mexico is: \_\_\_\_\_

\_\_\_\_\_.

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

The name of the registered agent at the address of the New Mexico registered office is:

\_\_\_\_\_.



New Mexico  
**Secretary of State**

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

6. The purpose that the corporation proposes to pursue in the transaction of business in New Mexico is (at least one specific purpose must be stated; attach additional page if needed):

---

7. The names and respective addresses of the officers and directors of the corporation are (indicate the applicable title of each officer and each director; attach additional page if needed):

Name and Title

Address

---

---

8. The aggregate number of shares which the corporation has the authority to issue, itemized by class and series, if any, within each class is (attach additional page if needed):

---

9. The aggregate number shares that have been issued, itemized by class and series, if any, within each class is (attach additional page if needed):

---

10. Provide an estimate expressed in dollars (or "zero" or "none", if applicable) of the following:  
(a) the gross amount of business which will be transacted by the corporation during its current fiscal year, at or from places of business located in New Mexico is:

---

(b) the gross amount of business which will be transacted by it during such year, wherever transacted, is:

---

(c) the value of all property to be owned by it and located in New Mexico during such year is:

---

(d) the value of all property to be owned by it during such year, wherever located, is:

---



*New Mexico*  
**Secretary of State**

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation

By \_\_\_\_\_  
Signature of Authorized Officer

THIS APPLICATION MUST BE ACCOMPANIED BY A CERTIFICATE OF GOOD STANDING /EXISTENCE, ISSUED BY THE APPROPRIATE OFFICIAL CUSTODIAN OF CORPORATE RECORDS FOR THE STATE OR COUNTRY UNDER THE LAWS OF WHICH THE APPLYING CORPORATION IS INCORPORATED. THIS CERTIFICATE MUST BE ORIGINAL OR ELECTRONICALLY ISSUED, AND MUST BE CURRENT WITHIN THIRTY DAYS, OR HAS NOT EXPIRED, UPON SUBMISSION TO THE SECRETARY OF STATE.

Form FPR  
(revised 06/13)



*New Mexico*  
**Secretary of State**

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

STATEMENT OF ACCEPTANCE OF APPOINTMENT  
BY DESIGNATED INITIAL REGISTERED AGENT

I, \_\_\_\_\_, hereby  
acknowledge that the undersigned individual or corporation accepts the appointment as Initial

Registered Agent of \_\_\_\_\_, the corporation which is  
named in the annexed Application for Certificate of Authority.

\_\_\_\_\_  
(Sign on this line if the registered agent named in the application 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 application 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.)



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

### 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**

**SOS-DDI**

(revised 6/18)