



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

**SUBMIT ORIGINAL  
TYPE OR PRINT LEGIBLY  
\$50 FEE**

## LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

The undersigned, acting as organizer(s) of a Limited Liability Company pursuant to the New Mexico Limited Liability Company act, adopt the following Articles of Organization:

**ARTICLE ONE:** The name of the limited liability company is (Must end with "Limited Liability Company" or the abbreviation):

\_\_\_\_\_  
**ARTICLE TWO:** The period of duration is (Enter period of existence or "Perpetual" if the LLC has no desired end date):

\_\_\_\_\_  
**ARTICLE THREE:**

(1) The name of the registered agent for the LLC is (The RA must be an individual resident or a registered entity in **NM**):

\_\_\_\_\_  
(2) The New Mexico street address of the company's initial registered is (Must be a physical address):

\_\_\_\_\_  
(3) The street address of the company's principal place of business is (if different from the registered agent's address):

\_\_\_\_\_  
(4) The mailing address of the Limited Liability Company is:

\_\_\_\_\_  
**ARTICLE FOUR** (Check only if applicable):

YES, Management of the business and affairs of the company is vested in a manager(s).  
Manager(s)Name(s) and Address(es)(optional):

\_\_\_\_\_  
**ARTICLE FIVE** (Check only if applicable):

YES, The Limited Liability Company is a single member Limited Liability Company. Member(s)  
Name(s) and Address(es)(optional):

\_\_\_\_\_  
**ARTICLE SIX:** These Articles of Organization are not be effective until (Must be a future date. Leave blank if they're to be effective on the date they're received by the Secretary of State's office):

Executed Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Organizer(s)

\_\_\_\_\_  
Printed Name(s)



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## LIMITED LIABILITY COMPANY 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, Limited Liability Company or Partnership.

**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 \_\_\_\_\_

(LLC's Name)

the Limited Liability Company which is named in the annexed Articles of Organization.

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 \_\_\_\_\_

(LLC's Name)

the Limited Liability Company which is named in the annexed Articles of Organization.

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**