



New Mexico
Secretary of State
Corporations Bureau

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

Domestic Profit Corporation
ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) to form a corporation under the New Mexico Business Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE: The name of the corporation is: _____

The corporation name must contain the separate word "corporation," "company," "incorporated" or "limited" or an abbreviation of such words.

ARTICLE TWO: The period of duration, if other than perpetual is:

Please mark perpetual, a future date or a specific time period.

ARTICLE THREE: The purpose for which the corporation is organized is: _____

ARTICLE FOUR: The aggregate number of shares that the corporation has authority to issue is: (*attach schedule if needed*)

ARTICLE FIVE:

(1) The New Mexico street address of the corporation's initial registered office is:

(Post Office Box is not acceptable. Provide a geographical location if a street address does not exist.)

(1a) If a geographical location has been provided, provide mailing address:

(Post Office Box is acceptable on this line ONLY.)

(2) The name of the initial registered agent at the address of the initial registered office is:



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**Instructions for completing
(Statement of Acceptance of Appointment by Designated Initial Registered
Agent)
Form SOS-DPRISOA**

Use only the signature lines that apply. If the individual box is used, the other box must be left blank, and vice versa.

Individual as Registered Agent (Box 1)

On line one, enter the printed name of the individual designated as the Initial Registered Agent. A corporation cannot be its own Registered Agent.

On line two, enter the complete name of the corporation, exactly as it is stated in Article One of the Articles of Incorporation, including punctuation.

On line three, individual named as Initial Registered Agent will sign.

Corporation Acting as Registered Agent (Box 2)

(If the registered agent named in the articles is an entity.)

On line one, enter the printed name and title of the authorized person who is signing on behalf of the domestic or foreign corporation, authorized to transact business in New Mexico having a business office identical with the registered office, designated as the Registered Agent.

On line two, enter the name of the corporation listed as Initial Registered Agent in the Articles of Incorporation.

On line three, enter the complete name of the corporation exactly as it is stated in Article One of the Articles of Incorporation.

On line four, authorized person of entity appointed will sign.

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY



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DOMESTIC PROFIT CORPORATION 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

(Corporation's Name)

the corporation 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

(Corporation's Name)

the corporation 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