



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

Foreign Nonprofit

Corporation

TYPE OR PRINT LEGIBLY

APPLICATION FOR CERTIFICATE OF

AUTHORITY

The undersigned corporation, in order to apply for a Certificate of Authority to conduct affairs in New Mexico under the Nonprofit 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. The date of incorporation in its domestic state is: _____
The period of duration is: _____.

3. 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:

4. 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:

5. The purpose that the corporation proposes to pursue in conducting its affairs in New Mexico is (at least one **specific purpose must be stated; attach additional page if needed):**

6. 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):**



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Name and Title

Address

Dated: _____

Name of Corporation _____

Two officers must sign: By _____
Signature of Authorized Officer

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.



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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.)*

*(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.)*



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Business Services Division

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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