

STATE OF NEW MEXICO **MAGGIE TOULOUSE OLIVER** SECRETARY OF STATE

### **Foreign Nonprofit Application Checklist**

The attached application must be filled out in its entirety. All fields with an asterisk \* are required.

You must attach a Certificate of Good Standing issued by your domes-tic state **dated within 30 days** of being received and accepted by our office. Some states refer to it as a Certificate of Existence or Certificate of Fact.

The filing fee is \$25. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

#### **New Mexico Secretary of State**

Business Services Division 325 Don Gaspar, Suite 300 Santa Fe, NM 87501



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Type or Print Legibly \$25.00 Filing Fee

# Foreign Nonprofit Corporation 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: 1: \*The name of the nonprofit as registered in the domestic state is:

DBA name(s)				
*Domestic State:		*C	Date of Incorporation:	
Email Address:				
2: *The purpose for which corporation is organized.)			Please list a <b>specific</b> purpose for which the	
*The corporation elects to	o be designated a Ye		poration pursuant to 53-12-7 NMSA 1978.	
If yes, the benefit purpose	2:			
<b>3:</b> *The period of duratio	n is:			
Perpetual	OR	Specific Da	ate or Number of Years	
<b>4:</b> (1) *The name of the re	egistered agent:			
Individual First and Last N	lame	<u>OR</u>	Registered Corporation Name and Business ID #	
(2) *The New Mexico stre	eet address of the	e initial registere	ed agent: (must be a physical address)	
City	State		Zip code	
		327-3600 or (80	SANTA FE, NEW MEXICO 87501 0) 477-3632   FAX: (505) 827-8081 5.STATE.NM.US	

(3)	The New Mexico	mailing address	of the initial	registered	agent:
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City		State		Zip code	
(4) *The r	registered office	in the domestic state: (must	be a physical address)		
City		State		Zip code	
	ailing address of		as physical address		
City		State		Zip code	
(6) The pr	rincipal place of	business in New Mexico:	None		
City		State		Zip code	
<b>5: *</b> The na	ames, titles and o	complete addresses of the ini	tial board of directors:		
<b>(please lis</b> Name	t at least 2 offic	ers and 1 director) Address	City	State	Zip code
*Executed	l Date:				
	*Sig	natures of Officers	*Printed Names		

## Statement of Acceptance of Appointment by

#### **Designated Initial Registered Agent**

If the Registered Agent listed on item four is an **individual**, complete **box one**.

If the Registered Agent listed on item four is a **corporation**, complete **box two**.

Please Note: the corporation filing these articles cannot be listed as their own registered agent.

Box One - *Individual as Registered Agent		
1,		
(Registered Agent's Printed Name)		
the undersigned individual, hereby accept the appointment as initial registered agent of		
, (Nonprofit's Name)		
the Nonprofit Corporation which is named in the Application for Certificate of Authority.		
(Registered Agent's Signature)		

Box Two - *Corporation as Registered Agent			
l,			
(Authorized Person's Printed Name and Title)			
the undersigned individual on behalf of			
(Registered Agent Corporate Name)			
hereby accept the appointment as initial registered agent of			
(Nonprofit's Name)			
the Nonprofit Corporation which is named in the Application for Certificate of Authority.			
(Authorized Person's Signature)			



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## Document Delivery Instruction Form Please fill out in its entirety

Contact Name:		
Contact Phone Number:		
Attention:		
Mailing Address:		
City	State	Zip code
Email Address:		

# All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.