



New Mexico  
**Secretary of State**

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

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**Profit Corporation**

**ARTICLES OF DISSOLUTION**

Pursuant to the provisions of Section 53-16-11 of the New Mexico Business Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

**ARTICLE ONE:** The name of the corporation is (include NM CORP#): \_\_\_\_\_

**ARTICLE TWO:** A Statement of Intent to Dissolve the corporation was filed with the Secretary of State on:

**ARTICLE THREE:** All debts, obligations and liabilities of the corporation have been paid and discharged or adequate provision has been made therefore. The remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against it in any pending suit.

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

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

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

THE CLEARANCES FOR DISSOLUTION ISSUED BY THE FOLLOWING NEW MEXICO STATE AGENCIES MUST BE ATTACHED TO THIS DOCUMENT:

- 1) Taxation and Revenue Department ("Certificate of No Tax Due")
- 2) Department of Labor ("Certificate of Compliance")
- 3) Secretary of State ("Letter of Clearance")

**Form DPR-DV**

(revised 06/13)



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 Corporations Bureau

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**DOCUMENT DELIVERY INSTRUCTIONS**

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)  
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: \_\_\_\_\_

DATE DROPPED OFF AT CORPORATIONS BUREAU: \_\_\_\_\_ TIME: \_\_\_\_\_  
 - OR -  
 DATE MAILED TO CORPORATIONS BUREAU: \_\_\_\_\_

Contact Business Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:

WILL PICKUP  MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED 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. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

**DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY**