



New Mexico Secretary of State
Business Services Division
325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87501
(800) 477-3632 • www.sos.state.nm.us

General Partnership Registration Form

Filing Fee: \$50
Statute: 54-1A-303

1. Name of the partnership: _____

2. Street address of the chief executive office: _____
(Cannot be a P.O. Box. Please include the city, state, and zip code.)

3. Street address of the New Mexico office, if any: _____
(Cannot be a P.O. Box. Please include the city, state, and zip code.)

4. Partner information:

(a) Name: _____

(b) Mailing address: _____
(Please include the city, state, and zip code.)

(a) Name: _____

(b) Mailing address: _____
(Please include the city, state, and zip code.)

5. Name of the registered agent in **New Mexico**: _____
(Not necessary if # 4 is answered. The registered agent shall maintain a list of the names and mailing addresses of all the partners and make it available to any person on request for good cause.)

6. Address of the registered agent in **New Mexico**: _____
(Cannot be a P.O. box. Please include the state, city and zip code.)

7. Partners Authorized to execute an instrument transferring real property held in the name of the partnership:

Partner: _____

Partner: _____

Partner Signatures:

Printed Name:

1. _____

2. _____

Date: _____