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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: LIANA TEDJADINATA	, INC				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
ADDITIONAL COPY REQUIRED					
FROM: LIANA TEDJADINATA Name	(Printed or typed)				
11596 NW 45TH STREE	Address				
CORAL SPRINGS, FL 3 City,	33065 State & Zip				
954-394-2797 Daytime To	elephone number				
LIANATEDJADINATA@C E-mail address: (to be used	GMAIL.COM I for future annual report	notification)			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



02/22/2011 Date

The name of the corpo	AME LIANA TEDJADINATA, ration shall be:	INC.		-11 F	EB 25	PM 4: 26
ARTICLE II P	RINCIPAL OFFICE			CE.	ጎ ግነር ምሌ (ኤ/	7 ነጥ - የተ ምልምም
	Principal street address		Ma	iling addit	st traffe	CASTATE Entre ORIDA
	<u>IO PENNSYLVANIA AVE.NW</u>	£	P.O. BOX	770970	MINOOL	E' LIOUINY
.WA	SHINGTON, D.C., 20220	2	CORALS	PRINGS	, FLORI	DA 33077
ARTICLE III PU						
	h the corporation is organized is:		,			
6091 Non-depo	sit Trust Facilities; Agreement Corp	poration	ı (excepi	interna	tional tra	ade financing)
	ing trusts 523920; "Funds, Trusts,					
	2 Subsection (10) US PERSON; A				Except i	nternational
trade financing)	551112; Any Legal Purposes; Any	/ Lawful	Purpos	es		
	HARES					
The number of shares	of stock is: 100 Shares					
ARTICLE V II	ITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>				
	Liana Tedjadinata, Pres.					
	11596 North West 45th Street		s:			
	Coral Springs, Florida 33065	_	-			· · · · · · · · · · · · · · · · · · ·
		-	_		-	
Name and Title	Liana Tedjadinata, V.P.	_ Name a	and Title:			
Address:	11596 North West 45th Street		s:			
	Coral Springs, Florida 33065	_	_	·		
Name and Title	:Liana Tedjadinata, C.E.O.	Mama a	and Title:			
Address:	11596 North West 45th Street	Name a Addres	and 11116			
radioss.	Coral Springs, Florida 33065	_ //udics	_			
		_	_			
ARTICLE VI R	EGISTERED AGENT					
	a street address (P.O. Box NOT acceptable) of	f the regist	ered agent	is:		
Name:	LIANA TEDJADINATA	_		•		
Address:	11596 NW 45TH STREET					
	CORAL SPRINGS, FLORIDA 330	165				
	ICORPORATOR					
	ss of the Incorporator is:					
Name:	Liana:Tedjadinata	-				
Address:	11596 North West 45th Street Coral Springs, Florida 33065	-				
Having been named this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as reg	s for the a	above state ent and agi	t corporati ree to act ii	on at the this capa	place designated in city
	A Qui					
	(attal	rep.			<u></u>	122/2011
	Required Signature/Registered Agent	•				Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein are ortment of State constitutes a third degree felon	e true. I ai iy as provid	m aware tl ded for in s	at the fals .817.155, i	e informa F.S.	tion submitted in

auch.

Required Signature/Incorporator