

# **EXHIBIT 11**

File Number: 20230084472C  
Date Filed: 7/6/2023 9:24:00 AM  
Elaine F. Marshall  
NC Secretary of State



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**Arlington Law Group**

B. E-MAIL CONTACT AT FILER (optional)  
**elemmer@arlingtonlawgroup.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Arlington Law Group**  
**1739 Clarendon Boulevard**  
**Arlington, VA 22209**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME  
**Schmidt**

FIRST PERSONAL NAME  
**Mark**

ADDITIONAL NAME(S)/INITIAL(S)  
**D.**

SUFFIX

1c. MAILING ADDRESS  
**800 Park Offices Drive, Suite 3209**

CITY  
**Research Triangle Park**

STATE  
**NC**

POSTAL CODE  
**27709**

COUNTRY  
**USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
**Cyberlux Corporation**

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS  
**800 Park Offices Drive, Suite 3209**

CITY  
**Research Triangle Park**

STATE  
**NC**

POSTAL CODE  
**27709**

COUNTRY  
**USA**

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Atlantic Wave Holdings, LLC**

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS  
**11 S. 12th Street**

CITY  
**Richmond**

STATE  
**VA**

POSTAL CODE  
**23219**

COUNTRY  
**USA**

4. COLLATERAL: This financing statement covers the following collateral:

All of each Debtor's right, title and interest, whether now owned or hereafter acquired, in all of such Debtor's assets, including without limitation (i) any and all inventory (including without limitation relating to drones), equipment, accounts, chattel paper, contractual rights, instruments, letter-of-credit rights, letters of credit, documents, deposit accounts, money, intellectual property (including without limitation relating to drones), general intangibles, accounts receivable and other rights to payment and performance, (ii) any and all furniture, fixtures, attachments, accessions, accessories, fittings, tools, parts, supplies and commingled goods relating to any of the foregoing property, (iii) any and all additions, replacements of and substitutions for all or any part of any of the foregoing property, (iv) any and all insurance proceeds relating to any of the foregoing property, (v) any and all goodwill relating to any of the foregoing property, and (vi) in the case of Debtor Cyberlux Corporation, all subsidiaries of such Debtor, including without limitation Catalyst Machineworks, LLC.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME	
OR	
18b. INDIVIDUAL'S SURNAME	
<b>Schmidt</b>	
FIRST PERSONAL NAME	
<b>Mark</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>D.</b>	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
<b>Secure Community, LLC</b>			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
<b>11 S. 12th Street</b>		<b>Richmond</b>	<b>VA   23219   USA</b>

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

24. MISCELLANEOUS:

U230074215520



**STATE OF CALIFORNIA**  
 Office of the Secretary of State  
**UCC FINANCING STATEMENT (UCC 1)**  
 California Secretary of State  
 1500 11th Street  
 Sacramento, California 95814  
 (916) 653-3516



For Office Use Only

**-FILED-**

No.: U230074215520

Date Filed: 10/20/2023

B2192-3038 10/20/2023 6:59 AM Received by California Secretary of State

Submitter Information:

Contact Name: Eric M. Lemmer, Esq.  
 Organization Name: Arlington Law Group  
 Phone Number: (703) 842-3025  
 Email Address: elemmer@arlingtonlawgroup.com  
 Address: 1739 CLARENDON BOULEVARD  
 ARLINGTON, VA 22209

Debtor Information:

Debtor Name	Mailing Address
Mark D. Schmidt	800 Park Offices Drive Suite 3209 Research Triangle Park, NC 27709
Cyberlux Corporation	800 Park Offices Drive Suite 3209 Research Triangle Park, NC 27709

Secured Party Information:

Secured Party Name	Mailing Address
Atlantic Wave Holdings, LLC	11 S. 12th Street Richmond, VA 23219
Secure Community, LLC	11 S. 12th Street Richmond, VA 23219

Indicate how documentation of Collateral is provided:

Entered as Text

Description:

All of each Debtor's right, title and interest, whether now owned or hereafter acquired, in all of such Debtor's assets, including without limitation (i) any and all inventory (including without limitation relating to tactical military communications equipment, HF communication and software solutions equipment, Spectre H series HF transceivers, Spectre M series multi-band SDR transceivers and Spectre V series VHF transceivers, as well as all research and development for future technology), equipment, accounts, chattel paper, contractual rights, instruments, letter-of-credit rights, letters of credit, documents, deposit accounts, money, intellectual property (including without limitation relating to tactical military communications equipment, HF communication and software solutions equipment, Spectre H series HF transceivers, Spectre M series multi-band SDR transceivers and Spectre V series VHF transceivers, as well as all research and development for future technology), general intangibles, accounts receivable and other rights to payment and performance, (ii) any and all furniture, fixtures, attachments, accessions, accessories, fittings, tools, parts, supplies and commingled goods relating to any of the foregoing property, (iii) any and all additions, replacements of and substitutions for all or any part of any of the foregoing property, (iv) any and all insurance proceeds relating to any of the foregoing property, (v) any and all goodwill relating to any of the foregoing property, and (vi) in the case of Debtor Cyberlux Corporation, all subsidiaries of such Debtor, including without limitation Datron World Communications, Inc.

Indicate if Collateral is held in a Trust or is being administered by a Decedent's Personal Representative:

Not Applicable

Select an alternate Financing Statement type:

Not Applicable

Select an additional alternate Financing Statement type:

Not Applicable

Select an alternative Debtor/Secured Party designation for this Financing Statement: <b>Not Applicable</b>
Optional Filer Reference Information:
Miscellaneous Information:
Search to Reflect: <input type="checkbox"/> Order a Search to Reflect

B2192-3039 10/20/2023 6:59 AM Received by California Secretary of State



# Secretary of State

Business Programs Division  
1500 11th Street, Sacramento, CA 95814

ARLINGTON LAW GROUP  
ERIC M. LEMMER, ESQ.  
1739 CLARENDON BOULEVARD  
ARLINGTON, VA 22209

October 20, 2023 7:02 AM

File No.: U230074215520

## Lien Acknowledgment

This acknowledges the filing of the attached Lien document relevant to the information below. To access free copies of filed UCC documents, enter the File No. above in the Search module on the UCC Online web portal at [bizfileonline.sos.ca.gov/search/ucc](http://bizfileonline.sos.ca.gov/search/ucc).

### DEBTOR INFORMATION

Debtor Name: MARK D. SCHMIDT  
Debtor Address: 800 PARK OFFICES DRIVE  
SUITE 3209  
RESEARCH TRIANGLE PARK, NC 27709

Debtor Name: CYBERLUX CORPORATION  
Debtor Address: 800 PARK OFFICES DRIVE  
SUITE 3209  
RESEARCH TRIANGLE PARK, NC 27709

### SECURED PARTY INFORMATION

Secured Party Name: ATLANTIC WAVE HOLDINGS, LLC  
Secured Party Address: 11 S. 12TH STREET  
RICHMOND, VA 23219

Secured Party Name: SECURE COMMUNITY, LLC  
Secured Party Address: 11 S. 12TH STREET  
RICHMOND, VA 23219

### FILING INFORMATION

Lien Type: UCC  
Lien File No.: U230074215520  
File Date: 10/20/2023 6:58 AM  
Lapse Date: 10/20/2028 11:59 PM



# Secretary of State

Business Programs Division  
1500 11th Street, Sacramento, CA 95814

ARLINGTON LAW GROUP  
ERIC M. LEMMER, ESQ.  
1739 CLARENDON BOULEVARD  
ARLINGTON, VA 22209

October 20, 2023 7:02 AM  
File No.: U230074215520

## Lien Acknowledgment

This acknowledges the filing of the attached Lien document relevant to the information below. To access free copies of filed UCC documents, enter the File No. above in the Search module on the UCC Online web portal at [bizfileonline.sos.ca.gov/search/ucc](http://bizfileonline.sos.ca.gov/search/ucc).

### DEBTOR INFORMATION

Debtor Name: MARK D. SCHMIDT  
Debtor Address: 800 PARK OFFICES DRIVE  
SUITE 3209  
RESEARCH TRIANGLE PARK, NC 27709

Debtor Name: CYBERLUX CORPORATION  
Debtor Address: 800 PARK OFFICES DRIVE  
SUITE 3209  
RESEARCH TRIANGLE PARK, NC 27709

### SECURED PARTY INFORMATION

Secured Party Name: ATLANTIC WAVE HOLDINGS, LLC  
Secured Party Address: 11 S. 12TH STREET  
RICHMOND, VA 23219

Secured Party Name: SECURE COMMUNITY, LLC  
Secured Party Address: 11 S. 12TH STREET  
RICHMOND, VA 23219

### FILING INFORMATION

Lien Type: UCC  
Lien File No.: U230074215520  
File Date: 10/20/2023 6:58 AM  
Lapse Date: 10/20/2028 11:59 PM



# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Office of the Clerk  
Virginia State Corporation Commission  
Filing Number: 20230706180859  
Filing Date and Time: 7/6/2023 9:03:16 AM  
Total Number of Pages: 2  
(Document filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Eric Moran Lemmer</b>
B. E-MAIL CONTACT AT FILER (optional) <b>elemmer@arlingtonlawgroup.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Eric Moran Lemmer 1739 Clarendon Boulevard Arlington, VA 22209 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S SURNAME <b>Schmidt</b>	FIRST PERSONAL NAME <b>Mark</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>D.</b>	SUFFIX
1c. MAILING ADDRESS <b>800 Park Offices Drive Suite 3209</b>	CITY <b>Research Triangle Park</b>	STATE <b>NC</b>	POSTAL CODE <b>27709</b>
		COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME <b>Cyberlux Corporation</b>			
OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>800 Park Offices Drive Suite 3209</b>	CITY <b>Research Triangle Park</b>	STATE <b>NC</b>	POSTAL CODE <b>27709</b>
		COUNTRY <b>USA</b>	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Atlantic Wave Holdings, LLC</b>			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>11 S. 12th Street</b>	CITY <b>Richmond</b>	STATE <b>VA</b>	POSTAL CODE <b>23219</b>
		COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

All of each Debtor's right, title and interest, whether now owned or hereafter acquired, in all of such Debtor's assets, including without limitation (i) any and all inventory (including without limitation relating to drones), equipment, accounts, chattel paper, contractual rights, instruments, letter-of-credit rights, letters of credit, documents, deposit accounts, money, intellectual property (including without limitation relating to drones), general intangibles, accounts receivable and other rights to payment and performance, (ii) any and all furniture, fixtures, attachments, accessions, accessories, fittings, tools, parts, supplies and commingled goods relating to any of the foregoing property, (iii) any and all additions, replacements of and substitutions for all or any part of any of the foregoing property, (iv) any and all insurance proceeds relating to any of the foregoing property, (v) any and all goodwill relating to any of the foregoing property, and (vi) in the case of Debtor Cyberlux Corporation, all subsidiaries of such Debtor, including without limitation Catalyst Machineworks, LLC.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME	
OR	
18b. INDIVIDUAL'S SURNAME	
<b>Schmidt</b>	
FIRST PERSONAL NAME	
<b>Mark</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>D.</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
<b>Secure Community, LLC</b>			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
<b>11 S. 12th Street</b>		<b>Richmond</b>	<b>VA   23219   USA</b>

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM  
FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME
OR
9b. INDIVIDUAL'S SURNAME <b>Schmidt</b>
FIRST PERSONAL NAME <b>Mark</b>
ADDITIONAL NAME(S)/INITIAL(S) <b>D.</b>
SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME
OR
10b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
10c. MAILING ADDRESS
CITY
STATE
POSTAL CODE
COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME <b>Secure Community, LLC</b>
OR
11b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
11c. MAILING ADDRESS <b>11 S. 12th Street</b>
CITY <b>Richmond</b>
STATE <b>VA</b>
POSTAL CODE <b>23219</b>
COUNTRY <b>USA</b>

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

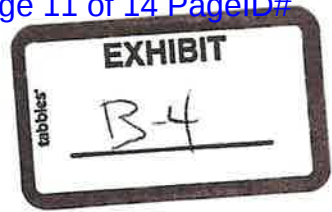
16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



FILING NUMBER: 23-0029383626  
FILING DATE: 07/06/2023 09:49 AM  
DOCUMENT NUMBER: 1264021710002  
FILED: Texas Secretary of State  
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)**  
Eric Moran Lemmer 703-842-3025

**B. E-MAIL CONTACT AT SUBMITTER (optional)**

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**  
Eric Moran Lemmer  
1739 Clarendon Blvd.  
Arlington, VA 22209-2741  
USA

**SEE BELOW FOR SECURED PARTY CONTACT INFORMATION**

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME <b>Schmidt</b>	FIRST PERSONAL NAME <b>Mark</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>D.</b>	SUFFIX
1c. MAILING ADDRESS <b>800 Park Offices Drive</b>	CITY <b>Research Triangle Park</b>	STATE <b>NC</b>	POSTAL CODE <b>27709</b>
		COUNTRY <b>USA</b>	

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
**Cyberlux Corporation**

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>800 Park Offices Drive</b>	CITY <b>Research Triangle Park</b>	STATE <b>NC</b>	POSTAL CODE <b>27709</b>
		COUNTRY <b>USA</b>	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Atlantic Wave Holdings, LLC**

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>11 S. 12th Street</b>	CITY <b>Richmond</b>	STATE <b>VA</b>	POSTAL CODE <b>23219</b>
		COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:  
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6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:



401 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708

**Filing Acknowledgement**

03/20/2026 06:47 AM

**Work Order Number**

NV260320N00019

**Filing Description**

UCC1

**Initial Filing Number**

F202603200022

**Document Filing Number**

F202603200022

**Debtors**

Mark D. Schmidt

CYBERLUX CORPORATION

800 Park Offices Drive, Suite 3209, Research Triangle Park, NC 27709, USA

800 Park Offices Drive, Suite 3209, Research Triangle Park, NC 27709, USA

**Secured Parties**

ATLANTIC WAVE HOLDINGS, LLC

SECURE COMMUNITY, LLC

11 S. 12th Street, Richmond, VA 23219, USA

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The Nevada Secretary of State, Uniform Commercial Code Division has filed the attached documents. The filing number, date, and time are shown on each document. The filing number can be used to reference the document in the future.

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Eric Lemmer
B. E-MAIL CONTACT AT SUBMITTER (optional) elemmer@arlingtonlawgroup.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Eric Lemmer
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line b, leave all of item 1 blank, check here [ ] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
OR 1b. INDIVIDUAL'S SURNAME Schmidt FIRST PERSONAL NAME Mark ADDITIONAL NAME(S)/INITIAL(S) D. SUFFIX
1c. MAILING ADDRESS 800 Park Offices Drive Suite 3209 CITY Research Triangle Park STATE NC POSTAL CODE 27709 COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line b, leave all of item 1 blank, check here here [ ] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME Cyberlux Corporation
OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS 800 Park Offices Drive Suite 3209 CITY Research Triangle Park STATE NC POSTAL CODE 27709 COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC
OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS 11 S. 12th Street CITY Richmond STATE VA POSTAL CODE 23219 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All of each Debtor's right, title and interest, whether now owned or hereafter acquired, in all of such Debtor's assets, including without limitation (i) any and all inventory (including without limitation relating to drones), equipment, accounts, chattel paper, contractual rights, instruments, letter-of-credit rights, letters of credit, documents, deposit accounts, money, intellectual property (including without limitation relating to drones), general intangibles, accounts receivable and other rights to payment and performance, (ii) any and all furniture, fixtures, attachments, accessions, accessories, fittings, tools, parts, supplies and commingled goods relating to any of the foregoing property, (iii) any and all additions, replacements of and substitutions for all or any part of any of the foregoing property, (iv) any and all insurance proceeds relating to any of the foregoing property, (v) any and all goodwill relating to any of the foregoing property, and (vi) in the case of Debtor Cyberlux Corporation, all subsidiaries of such Debtor, including without limitation Catalyst Machineworks, LLC.

5. Check only if applicable and check only one box : Collateral is [ ] Held in a Trust [ ] being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

[ ] Public-Finance [ ] Manufactured-Home [ ] A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

[ ] Agricultural [ ] Non-UCC

7. ALTERNATIVE DESIGNATION (if applicable): [ ] Lessee/Lessor [ ] Consignee/Consignor [ ] Seller/Buyer [ ] Bailee/Bailor [ ] Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT ADDITIONAL PARTY**  
FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

	18a. ORGANIZATION'S NAME		
OR	18b. INDIVIDUAL'S SURNAME <b>Schmidt</b>		
	FIRST PERSONAL NAME <b>Mark</b>		
	ADDITIONAL NAME(S)/INITIAL(S) <b>D.</b>	SUFFIX	

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

	19a. ORGANIZATION'S NAME			
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

	20a. ORGANIZATION'S NAME			
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

	21a. ORGANIZATION'S NAME			
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

	22a. ORGANIZATION'S NAME <b>Secure Community, LLC</b>			
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS <b>11 S. 12th Street</b>	CITY <b>Richmond</b>	STATE <b>VA</b>	POSTAL CODE <b>23219</b>	COUNTRY <b>USA</b>

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

	23a. ORGANIZATION'S NAME			
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS: