



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

Filing Acknowledgement

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Filing Description

UCC1

Initial Filing Number

F202603200022

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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

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

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

Filed in the Office of <i>FVAquilar</i> Secretary of State State Of Nevada	Initial Filing Number F202603200022
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	Number of Pages 2

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 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/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	
18b. INDIVIDUAL'S SURNAME	
Schmidt	
FIRST PERSONAL NAME	
Mark	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
D.	

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

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: