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

UC	C FINANCING STATEMENT				
	OW INSTRUCTIONS				
A. N	AME & PHONE OF CONTACT AT FILER (optional)				
	Arlington Law Group				
	-MAIL CONTACT AT FILER (optional)				
	lemmer@arlingtonlawgroup.com				
C. S	END ACKNOWLEDGMENT TO: (Name and Address)				
Γ	– Arlington Law Group	7			
	1739 Clarendon Boulevard				
L	Arlington, VA 22209	1			
	_	THE ABOVE S	PACE IS FO	R FILING OFFIC	E USE ONLY
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full me will not fit in line 1b, leave all of item 1 blank, check here and provide	name; do not omit, modify, or abbreviate any par the Individual Debtor information in item 10 of the			
[1	a. ORGANIZATION'S NAME				
OR .	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITI	AL(S) SUFFIX
	Schmidt	Mark	D.		
	IAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
800	Park Offices Drive, Suite 3209	Research Triangle Park	NC	27709	USA
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full me will not fit in line 2b, leave all of item 2 blank, check here and provide	name; do not omit, modify, or abbreviate any par the Individual Debtor information in item 10 of the			
_	Pa. ORGANIZATION'S NAME	the muvidual Bestor mormation in item 10 or the	e i manong o	atement Addendum	(Tolli occina)
	Cyberlux Corporation				
$\cap R \vdash$	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITI	AL(S) SUFFIX
ľ	S. INDIVIDUAL O CONTAINE	THO TENSONAL NAME	, and a second	TO CE TO WIE (O) ITTE	, (C)
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800) Park Offices Drive, Suite 3209				U ~
	Park Offices Drive, Suite 3209		namo (3a or 3i	\)	
3. SI	O Park Offices Drive, Suite 3209 ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU Ba. ORGANIZATION'S NAME		name (3a or 3l	o)	'
3. SI	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU Ba. ORGANIZATION'S NAME		name (3a or 3l))	
3. SI	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU			NAL NAME(S)/INITI	AL(S) SUFFIX
3. SI	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU Ba. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC	JRED PARTY): Provide only <u>one</u> Secured Party i			AL(S) SUFFIX
3. SI	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU Ba. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC	JRED PARTY): Provide only <u>one</u> Secured Party i			AL(S) SUFFIX COUNTRY
3. SI OR 3	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU BB. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC BB. INDIVIDUAL'S SURNAME	JRED PARTY): Provide only one Secured Party I	ADDITIC	NAL NAME(S)/INITI	
3. SI OR 3 3c. M	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU BB. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC BB. INDIVIDUAL'S SURNAME MAILING ADDRESS	JRED PARTY): Provide only one Secured Party I	ADDITIC STATE	NAL NAME(S)/INITI	COUNTRY
3c. No. 11 3c. All sudding interiors according to suh	COURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURIAR CONTROL OF ASSIGNOR ASSIGNOR SECURIAR CONTROL OF ASSIGNOR ASSIGNO	FIRST PERSONAL NAME CITY Richmond est, whether now owned or itation (i) any and all i accounts, chattel paper, rs of credit, documents, mitation relating to dron ment and performance, (ii ies, fittings, tools, par erty, (iii) any and all a the foregoing property,	state VA hereaf nventor contrac deposit es), ge) any a ts, sup ddition (iv) an	POSTAL CODE 23219 ter acquire y (includir tual rights accounts, neral intar nd all furr plies and o s, replacer y and all i	ed, in all of any without s, money, any bles, aniture, commingled ments of and insurance
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3c. M 3c. M 11 4. CC Allivations in the according good substitution of the succession of the succe	COURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURIA. ORGANIZATION'S NAME Atlantic Wave Holdings, LLC BE INDIVIDUAL'S SURNAME CALLING ADDRESS S. 12th Street CALLATERAL: This financing statement covers the following collateral: It of each Debtor's right, title and interest of Debtor's assets, including without liminatation relating to drones), equipment, struments, letter-of-credit rights, letterellectual property (including without liminatations receivable and other rights to pay actures, attachments, accessions, accessor odds relating to any of the foregoing property and of the foregoing property and of the foregoing property of the foregoing property and (vi) in the case of the Debtor, including without limitation C	FIRST PERSONAL NAME CITY Richmond est, whether now owned or itation (i) any and all i accounts, chattel paper, rs of credit, documents, mitation relating to dron ment and performance, (ii ies, fittings, tools, par erty, (iii) any and all a the foregoing property, roperty, (v) any and all e of Debtor Cyberlux Corpatalyst Machineworks, LLC	hereaf nventor contrac deposit es), ge any a ts, sup ddition (iv) an goodwil oration	POSTAL CODE 23219 ter acquire y (includir tual rights accounts, neral intar nd all fur plies and o s, replacer y and all i l relating , all subsi	country USA ed, in all of any without s, any of and insurance to any of
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3c. M 3c. M 11 4. CC Allir int acc fing sub pro- the suc 5. Ch	COURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURIA. BY A CONGANIZATION'S NAME A CHARTIC Wave Holdings, LLC BY INDIVIDUAL'S SURNAME CALLING ADDRESS S. 12th Street COLLATERAL: This financing statement covers the following collateral: In of each Debtor's right, title and interest of the conformal property (including without liming attruments, letter-of-credit rights, letterellectual property (including without liming to any of the foregoing property and other rights to pay of the foregoing property of the foregoing property and part of any of the foregoing property and (vi) in the case of the Debtor, including without limitation Collections and the collections of the foregoing property and (vi) in the case of the Debtor, including without limitation Collections are collected and check only one box: Collateral is held in a Trust elected and ch	FIRST PERSONAL NAME CITY Richmond est, whether now owned or itation (i) any and all i accounts, chattel paper, rs of credit, documents, mitation relating to dron ment and performance, (ii ies, fittings, tools, par erty, (iii) any and all a the foregoing property, roperty, (v) any and all e of Debtor Cyberlux Corpatalyst Machineworks, LLC (see UCC1Ad, item 17 and Instructions)	state VA hereaf nventor contrac deposit es), ge) any a its, sup ddition (iv) an goodwil oration . eing administe	POSTAL CODE 23219 ter acquire y (includir tual rights accounts, neral intar nd all fur plies and o s, replacen y and all i l relating , all subsi	country USA ed, in all of any without s, money, and the s, miture, commingled ments of and insurance to any of idiaries of
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UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank						
18a. ORGANIZATION'S NAME							
OR 18b. INDIVIDUAL'S SURNAME							
Schmidt							
FIRST PERSONAL NAME							
Mark							
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
D.	COLLIX	THE AROVE SPACE	IS FOR FILING OFFICE	IISE ONI V			
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	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
190. INDIVIDUAL S SUNNAIVIE	TINGT PENGOVALIVAVIE	ADDITIC	IVAL IVANIE(3)/INITIAL(3)	301117			
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	ne (20a or 20b) (use exact, full name; do no	t omit, modify, or abbreviate a	ny part of the Debtor's name)			
20a. ORGANIZATION'S NAME							
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	Isuffix			
200. INDIVIDUAL 3 GORMANIE	TINGT PENGONALIVANIE	Abbilic	TVAL TVAME (S)/TVTTIAL(S)	301117			
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	ue (21a or 21h) (use exact, full name: do no	t omit modify or abbreviate a	ny part of the Debtor's name	١			
21a. ORGANIZATION'S NAME		,	,,,	,			
OR OLL MANUFACTOR OF TRANSPORT							
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
21- MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
22. V ADDITIONAL SECURED PARTY'S NAME or	I ASSIGNOR SECURED PARTY'S	NAME: Provide only <u>one</u> na	 ame (22a or 22b)				
22a. ORGANIZATION'S NAME		·	<u>`</u>				
Secure Community, LLC							
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL 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 na	ame (23a or 23b)				
23a. ORGANIZATION'S NAME							
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIC	ADDITIONAL NAME(S)/INITIAL(S)				
250. HADIVIDUAL & SURTIANIE	TINOT I ENSONAL IVAIVIE	אוועטאן	TYPE INVINE (2)/IINITIAE(2)	SUFFIX			
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
24. MISCELLANEOUS:							