

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P. O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

May 28, 2020

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Adam J. Teitzman
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

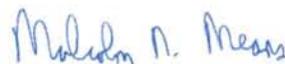
RE: Docket No. 20200XXX – TP, “2021 State certification under 47 C.F.R. §54.313 and §54.314, annual reporting requirements for high-cost recipients and certification of support for eligible telecommunications carriers,” Smart City Telecommunications LLC d/b/a Smart City Telecom; Connect America Fund – Intercarrier Compensation (CAF–ICC) Recovery Mechanism

Dear Mr. Teitzman:

In accordance with 47 C.F.R. §§54.304 (d) (1) and 51.917 (d) (vii), enclosed for filing are certain documents associated with Smart City Telecom’s CAF–ICC Recovery Mechanism. Smart City considers certain portions of these supporting materials to be proprietary confidential business information and therefore hereby is filing them under a claim of confidentiality pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5), Florida Administrative Code. One highlighted (confidential – not to be disclosed) and two redacted copies (available for public inspection) are enclosed per the rule.

You may contact me if there are questions regarding this filing.

Sincerely,



Malcolm N. Means

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM** _____
- CLK _____

2 CDs - redacted

Enclosures

cc: Debbie Huttenhower; Eric Wooten (w/o encls.)

RECEIVED-FPSC
2020 MAY 28 PM 1:35
COMMISSION CLERK

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

Martin A Rubin

Date 5/5/2020

Printed name of Authorized Officer Martin A. Rubin

Title or position of Authorized Officer President & CEO

Telephone number of Authorized Officer. (407) 828-6656 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

210330

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
Printed name of Authorized Officer	Martin A. Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(407) 828-6656 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

Martin A Rubin

Date 5/5/2020

Printed name of Authorized Officer

Martin A. Rubin

Title or position of Authorized Officer

President & CEO

Telephone number or Authorized Officer.

(407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier

210330

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Smart City Telecommunications LLC d/b/a Smart City Telecom	
Signature of Authorized Officer		<i>Martin A Rubin</i>	Date 5/5/2020
Printed name of Authorized Officer		Martin A. Rubin	
Title or position of Authorized Officer		President & CEO	
Telephone number of Authorized Officer.		(407) 828-6656 ext. _ _ _ _	
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			