

# AUSLEY McMULLEN

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June 10, 2021

## CONFIDENTIAL DOCUMENTS ENCLOSED

### VIA HAND DELIVERY

Mr. Adam Teitzman  
Office of the Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RECEIVED-FPSC  
2021 JUN 10 PM 1:46  
COMMISSION  
CLERK

RE: Docket No. 20210000-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 Telecon; Connect America Fund – Intercarrier Compensation (CAF-ICC) Recovery Mechanism

Dear Mr. Teitzman:

In accordance with 47 CFR §§ 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 pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5), Florida Administrative Code. One highlighted (confidential – not to be disclosed) CD and a redacted copy (available for public inspection) is enclosed on a separate CD 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 1 \_\_\_  
CLK \_\_\_

CD - redacted

Enclosures

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

**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         | <i>Martin A Rubin</i>                                      | Date                                       | 6/6/21     |
| Printed name of Authorized Officer      | Martin 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) | 06/16/2021 |

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

*Martin A Rubin*

Date

6/6/21

Printed name of Authorized Officer

Martin 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)

06/16/2021

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**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         | <i>Martin A Rubin</i>                                      | Date                                       | 6/6/21     |
| Printed name of Authorized Officer      | Martin 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) | 06/16/2021 |

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**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  |                                    | <b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b> |                   |
| Signature of Authorized Officer  | <i>Martin A Rubin</i>              | Date  | 6/6/21            |
| Printed name of Authorized Officer   | <b>Martin Rubin</b>                |   |                   |
| Title or position of Authorized Officer  | <b>President &amp; CEO</b>         |   |                   |
| Telephone number of Authorized Officer.  | <b>(407) 828-6656 ext. _ _ _ _</b> |   |                   |
| Study Area Code of Reporting Carrier   | <b>210330</b>                      | Filing Due Date for this form (mm/dd/yyyy)                        | <b>06/16/2021</b> |
| 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. |                                    |   |                   |